## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H96658 DOCUMENT #

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CARSTENS, SCOTT A.

203 VIA DELUNA

(0)

SCOTT A. CARSTENS, INC.

Mailing Address Principal Place of Business

9. Name and Address of Current Registered Agent

% SOCTT A. CARSTENS P O BOX 1222 **GULF BREEZE FL 32562** 

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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% SOCTT A. CARSTENS P O BOX 1222 **GULF BREEZE FL 32562** 

2a. Mailing Address

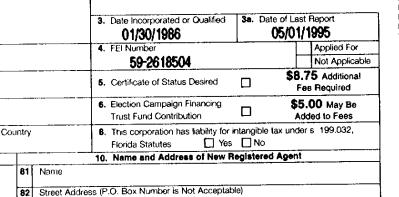
City & State

Zip

Suite, Apt. #, etc.

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PENSACOLA FL 32561 Zip Code 64 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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SIGNATURE Signal tricity and or printed name of registered agent and talk in any livation (NOTE: Registered Agent signature required when reinstating)  ONTE  ONTE					
	OFFICERS AND D	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
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rub hereby certify that the information supplied wher this ling is voluntarily furnished and does not quarry or the exemption stated in Section 119.07(p/k), Foliad Statutes. Turned certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under out. It am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (12/95)