## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Feb 02 1998 8:00am Secretary of State

Principal Place of Business P O BOX 1221 QUILF BREEZE FL 3592 QUILF BREE		MENT # <b>H9665</b> A. CARSTENS, INC.	88	(0)					
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2. Principal Place of Business   2a. Meiling Address   4. FET Number   Applied For 1/30/1/898	P O BOX 1222 P O BOX 1222								
## Principal Place of Business   2a. Meiling Adoress   2b. Meiling	GULF BREEZE FL 32562 GULF BREEZE FL 32562								
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Suite, Apt. #, etc.	<del></del> 1			illing Address			1	<del> ' '</del>	<u>'</u>
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CARSTENS, SCOTT A. 203 VIA DELUNA PENSACOLA FL 32561  60  60  60  60  60  60  60  60  60	£4				<u> </u>	<del></del>			1140
### DELETE	CAF	<del></del>			81	Name			
PENSACOLA FL 32561  83  84 City FL 86 Zip Code  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 agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  CARSTENS, SCOTT A.  12. MAKE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  CARSTENS, SCOTT A.  12. MAKE  13. STREET ADDRESS  OITY-ST-ZIP  TITLE  DELETE  11. TITLE  DELETE  21. TITLE  DELETE  22. TITLE  DELETE  23. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  33. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  34. CITY-ST-ZIP  TITLE  DELETE  35. TITLE  DELETE  35. TITLE  Change Addition Addition Addition Addition Addition Addition Addition Addition Addition ADDRESS  CITY-ST-ZIP  TITLE  DELETE  35. TITLE  Change Addition Add									
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The present 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 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, or both, in the State of Florida Statutes.  SIGNATURE    Tend familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE   Tend familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE   Tend familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE   Tend familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE   Tend familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE   Tend familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE   Tend familiar with, and accept the appointment as registered agent agents required when retrializing with a problem as registered agent, and accept the appointment as registered agent agents required when retrializing with a problem as registered agent agents required when retrializing with a problem as registered agent agents required when retrializing with a population and problem as registered agent agents required when retrializing white corporation's board of directors. I hereby accept the appointment as registered agent and included agent agents required when retrial agents and problem as registered agent agents required when retrializing white corporation's board of directors. I hereby accept the appointment as registered agent agents required when retrial agents and problem agents agents agents required when retrial agents agents agents required when retrial agents agents agents agents required when retrial agents agents agents agents required when retrial agents a	•								
11. Pursuant to the provisions of Sections 607 (509 and 607 1509 and					84	City		85 Zip C	ode
SIGNATURE   Signature, byted or printed name of registered agent alord rate of applications   13.	11. Pursuant to	a the provisions of Sections 607 05/	02 and 607 1508 Fir	vida Statutos	the above	named corr	poration submits this statement for the num		rogistered
Signature, byte of printed name of registered signate and title of applications   CNOTE   Registered when reinstating)   DATE	office or re agent. I ar	egistered agent, or both, in the State or familiar with, and accept the oblig	e of Florida. Such ch gations of, Section 60	ange was aut 07.0505, Florid	horized by da Statutes	the corpora	tion's board of directors. I hereby accept	the appointment as r	egistered
12.	SIGNATURE								
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64 CITY-S1-ZIP 65 CIT		ertify that the information eventual	with this filing doos o	at qualify for t	6.4 CITY-ST	-ZIP	Section 110 07(3Vi) Florido Statutos 16:	other certify that the i	nformation

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 cath; that I 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 changes, or on an attachment with an address.

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