

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J15988 (5)

1. Corporation Name
CARROUSEL OF SOUTH FLORIDA, INC.



Principal Place of Business
1000 NO COLLIER BLVD
STE 18
MARCO ISLAND FL 33937
US

Mailing Address
1000 NO COLLIER BLVD
STE 18
MARCO ISLAND FL 33937
US

3. Date Incorporated or Qualified 05/22/1986	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2673802	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLINE, EDWARD A.
1490 OSPERY AVENUE
NAPLES FL 33962

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.

SIGNATURE

Signature typed or printed name of registered agent or officer or director

Date of Signature

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PST
KENISON, CAROLYN M.
1000 NO COLLIER BLVD STE 18
MARCO ISLAND FL

☐ DELETE

12.2 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

12.3 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

12.4 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

12.5 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

12.6 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN M. KENISON

4/19/96

CR2E034 (12/95)