

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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90046 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J99212

1. Corporation Name
CARMOS INVESTMENTS, INC.

Principal Place of Business 9670 MOONLIT COURT NAPLES FL 33942	Mailing Address 4361 PEBBLE BEACH DR. CANFIELD OH 33942 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6208 Midnight Pass Suite, Apt. #, etc. 22 Bldg. 5 - Unit 402 City & State 23 Sarasota, FL Zip 24 34242	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 SARASOTA 30
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3. Date Incorporated or Qualified 10/28/1987	4. FEI Number 34-1565108	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year-Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

ROSSETTI, THOMAS
 9670 MOONLIT CT.
 NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name Mary J. Moses	82 Street Address (P.O. Box Number is Not Acceptable) 6208 Midnight Pass	83 Bldg. 5 - Unit 402	84 City Sarasota	85 Zip Code FL 34242
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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.

SIGNATURE *Mary J. Moses* (NOTE: Registered Agent signature required when reinstating) DATE *3/20/99*

12. OFFICERS AND DIRECTORS

TITLE P	MOSES, WILLIAM D. JR.	<input type="checkbox"/> DELETE
NAME	4361 PEBBLE BCH DR	
STREET ADDRESS	CANFIELD OH	
CITY-ST-ZIP		
TITLE VP	HEROCK, LAWRENCE	<input type="checkbox"/> DELETE
NAME	4361 PEBBLE BEACH DR	
STREET ADDRESS	CANFIELD OH	
CITY-ST-ZIP		
TITLE ST	MOSES, MILENE	<input type="checkbox"/> DELETE
NAME	4361 PEBBLE BEACH DR.	
STREET ADDRESS	CANFIELD OH	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 oath; 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mylene Moses* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *3/20/99* DAYTIME PHONE #

CR2E034 (1/1/98)