FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K08954** **(5)**

1. Corporation Name
CAROUSEL OF COCOA BEACH, INC.

Principal Place of Business
299 W. COCOA BCH CSWY.
1070 N COURTENAY PARKWAY
COCOA BCH FL 32931
US

Mailing Address
229 W. COCOA BCH.CSWY.
1070 N. COURTENAY PARKWAY
COCOA BCH FL 32931
US

3. Date Incorporated or Qualified: 12/24/1987
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business
21 229 W. COCOA BCH CSWY
Suite, Apt. #, etc.
22
City & State
23 COCOA BCH FL
Zip 24 32931 Country 25 BREVARD

2a. Mailing Address
26 229 W. COCOA BCH CSWY
Suite, Apt. #, etc.
27
City & State
28 COCOA BCH FL
Zip 29 32931 Country 30 BREVARD

4. FEI Number: 59-2871609 — 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

9. Name and Address of Current Registered Agent
KEPPEN, STEVEN P.
229 W. COCOA BEACH CSWT
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent
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 607.1508, 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
(IF FEI, Registered Agent Signature required with filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KEPPEN, STEVEN P.	1.2 NAME	
STREET ADDRESS	229 W. COCOA BEACH CSWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, GEORGE M.	2.2 NAME	
STREET ADDRESS	5800 N. BANANA RIVER BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERA FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: George M. Foster GEORGE M. FOSTER 2-1-96 407-636-7195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)