

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

*PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K17627** (6)  
1. Corporation Name  
**CAROLINA REAL ESTATE CONSULTANTS, INC.**

Principal Place of Business	Mailing Address
3905 ALTON ROAD 1015 KANE CONCOURSE MIAMI BEACH FL 33140 US	3905 ALTON ROAD 1015 KANE CONCOURSE MIAMI BEACH FL 33140 US

2. Principal Place of Business	2a. Mailing Address
21 <b>3905 ALTON ROAD</b>	26 <b>3905 ALTON ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>MIAMI BEACH, FL</b>	28 <b>MIAMI BEACH, FL</b>
Zip	Zip
24 <b>33140</b>	29 <b>33140</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent

**ROSEN, JOANNE G.**  
**3905 ALTON BEACH**  
**MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ROSEN, JOANNE G</b>
STREET ADDRESS	<b>23 INDIAN CREEK ISLAND</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROSEN, JOANNE G.</b>
1.3 STREET ADDRESS	<b>4201 COLLINS AVENUE, #1503</b>
1.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>
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	
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 do 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.

FILED

97 JUL 29 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>03/10/1988</b>	<b>02/15/1996</b>
4. FEI Number	Applied For
<b>22-2879394</b>	<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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (4/97)

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**CAROLINA REAL ESTATE CONSULTANTS, INC.**  
LICENSED REAL ESTATE AND MORTGAGE BROKERS  
3905 ALTON ROAD, MIAMI BEACH, FL 33140  
PH: 305.535.0885 FAX: 305.532.1173

JULY 21, 1997

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ATTN: ANNUAL REPORTS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN,

AS PER MY TELEPHONE CONVERSATION WITH YOUR OFFICE TODAY, I AM ENCLOSING A CHECK IN THE AMOUNT OF \$165 (ONE HUNDRED SIXTY FIVE DOLLARS) FOR THE 1997 PROFIT CORPORATION ANNUAL REPORT FILING FEE FOR CAROLINA REAL ESTATE CONSULTANTS, INC.

I AM SENDING THIS AMOUNT, AS ADVISED, RATHER THAN \$550 WHICH INCLUDES A LATE FEE, BECAUSE I NEVER RECEIVED A FIRST NOTICE, PROBABLY DUE TO THE DUAL ADDRESSES MARKED ON THE PACKET THAT WAS SENT TO ME.

AS YOU CAN TELL FROM MY RECORD WITH THE STATE, I HAVE PAID ON TIME FOR EACH YEAR SINCE THE INCEPTION OF MY CORPORATION IN 1988. I WOULD APPRECIATE BEING GRANTED A PARDON FROM PAYING THE LATE FEE THIS YEAR SINCE I NEVER RECEIVED A FIRST NOTICE. THANK YOU VERY MUCH FOR YOUR CONSIDERATION TO THIS MATTER.

SINCERELY,



JOANNE G. ROSEN  
PRESIDENT

PLEASE NOTE MY ADDRESS FOR YOUR RECORDS:

CAROLINA REAL ESTATE CONSULTANTS, INC.  
3905 ALTON ROAD  
MIAMI BEACH, FL 33140  
PH: 305.535.0885