, 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

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name K49462

(0)

APPROVIDE

97 AUG -8 AM 7: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CARTE	r Markets, Inc.							
Principal Plac	e of Business	Mailing Address				-{	8/811 11811 8/8/1 848/1 818	
16557 CAPTIVA RD P.O. BOX 940 CAPTIVA FL 33924		16557 CAPTIVA RD P.O. BOX 940 CAPTIVA FL 33924		DO NOT WRITE				
						3. Date Incorporated or Qualified	3a. Date of Last F	eport
2. Principal Place of Business 2a. Mailing Address						12/05/1988 4. FEI Number	⊥_08/07/1996	oplied For
21 26						65-0088278) 	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional
27						5. Certificate of Status Desired	1 1 7 .	equired
City & Stat	te	City & State	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes or has pa	id the current year In	tangible
24	25	29	30	,		Personal Property Tax due June		No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered Agent	
CAI	RTER, JOHN A.			81 N	ame			ļ
16557 CAPTIVA ROAD				82 St	reet Addre	ess (P.O. Box Number is Not Acceptab	le)	
CAPTIVA FL 33924								
				83				
				84 C	ity		85 Zip	Code
				1 1	•			
11. Pursuant office or I	to the provisions of Sections 607,05 registered agent or both, in the State	02 and 607.1508, Florida Statu e of Florida. Such change was	tes, the al authorize	bove-na d by the	med corpe e corporati	oration submits this statement for the pon's board of directors. I hereby accep	urpose of changing to the appointment as	ts registered registered
agent. I s	am familiar with, and accept the oblig	gations of, Section 607.0505, F	lorida Stat	tutes.				
SIGNATURE		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·		
12.	Signature, typed or printed name of registered ag	ent and lete if applicatio (NO ND DIRECTORS	TE Registero	d Agent sig	gnature require	od when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	20 IN 12
TITLE	8P	DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OTTIC	Change	Addition
NAME	CARTER, JOHN A.		1.2 NAME		- 1	مناه المناه المناه المناه المناه المناه		
STREET ADDRESS	18557 CAPTIVA ROAD			TREET ADD	BEGG	-501/1007 701/1007	(55,9,9,7	6
CITY-ST-ZIP	CAPTIVA FL		- 1	11Y - ST - 20		7000022 -08/13/9 ****169	5 (01084	UU5
TITLE	OR HATE	DELETE	2.1 1	····		74/11/202	Change	Addition
NAME		_	2.2 N	AME			_ •	_
STREET ADDRESS			2.3 \$1	TREE1 ADD	RESS]
CITY-ST-ZIP)		2.40	017Y-ST-7	P }			ì
TITLE		DELETE 3.11		ITLE	1		☐ Change	Addition
NAME	32		3.2 N	AME	1			
STREET ADDRESS	·		3 3 S1	TREET ADD	RESS			
CITY-ST-ZIP			3.4. C	HTY-ST-ZI	Р			
TITLE	{	☐ DELETE	4.1 Ti	ITL E			Change	Addition
NAME			4.21	AME				
STREET ADDRESS			4.3 S	TREE1 ADD	ress			
CITY-ST-ZIP			4.4 CI	ITY-ST-ZII	,			
TITLE		DELETE	5.1 TI				Change	Addition
NAME			5.2 N		Ì			
STREET ADDRESS			1	TREET ADD				
CITY-ST-ZIP	<u> </u>	TTALLES		ITY-ST-ZII	·			
TITLE		DELETE	6.1 Ti		10	ng[13	☐ Change	☐ Addition
NAME			6.2 N		³ 4	,		
STREET ADDRESS	Į.			TREET ADD	1			ł
CITY_ST_74P	1			ITV. CT. 70	s 1			

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.

CICKLATORDE: DE.CARDER