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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT #

1. Corporation Name

Carole James Inc.

Doc #

K6607 (d)

Principal Place of Business

Mailing Address

4901 Palm Beach Blvd
1-321
Ft Myers, FL 33905

4901 Palm Beach Blvd
1-321
Ft Myers, FL 33905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1989

3a. Date of Last Report

03/03/94

4. FEI Number

59-2939675

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. 189.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAIR, LENAARD
4901 Palm Beach Blvd 1-321
Ft Myers, FL 33905

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

Signature: typed or printed name of registered agent and title of association

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: BIP
NAME: BLAIR, DIANA
STREET ADDRESS: 4901 Palm Beach Blvd 1-321
CITY ST ZIP: Ft Myers, FL 33905

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

TITLE: BIP
NAME: BLAIR, LENAARD
STREET ADDRESS: 4901 Palm Beach Blvd 1-321
CITY ST ZIP: Ft Myers, FL 33905

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS: 400001474374
2.4 CITY ST ZIP: -05/03/95--01171--017

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

6.1 TITLE Change 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 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 included 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:

DIANA BLAIR
DIANA BLAIR

3/20/95

Signature Change #