

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K76678** (7)
1. Corporation Name
CAREY'S PROPERTY MANAGEMENT AND CONSULTING, INC.



Principal Place of Business

**C/O ANDREW CAREY
846 N.W. 3RD AVENUE
MIAMI FL 33136**

Mailing Address

**C/O ANDREW CAREY
846 N.W. 3RD AVENUE
MIAMI FL 33136**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

g. Name and Address of Current Registered Agent

**CAREY, ANDREW
846 N.W. 3RD AVENUE
MIAMI FL 33136**

3. Date incorporated or Qualified
03/30/1989

3a. Date of Last Report
04/27/1995

4. FEI Number
65-0110828

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. 199.03?
Florida Statutes ☐ Yes ☐ No

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 607.01(2) and 607.12(2), 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. Said change is accepted by the corporation's board of directors. I, the undersigned, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.01(2), Florida Statutes.

SIGNATURE

Andrew N. Carey *Andrew N. Carey*

5/27/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**PD
CAREY, ANDREW N.
3620 SW 37TH AVE.
MIAMI FL**

TITLE ☐ DELETE

NAME
**SD
CAREY, ADONIS L.
15555 SW 153RD STREET
MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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13.

TITLE

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14. I do hereby certify that the information provided with this filing is voluntarily furnished and that it is true and correct to the best of my knowledge and belief. 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 change of name is an attachment with an address.

SIGNATURE:

Adonis L. Carey **Adonis L. Carey** **757-1683**
5/27/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)