

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 # **K77499** (7)
1. Corporation Name
CAROUSEL OF TITUSVILLE, INC.



Principal Place of Business
**373 CHENEY HWY
TITUSVILLE FL 32780
US**

Mailing Address
**1355 SO US 1
ROCKLEDGE FL 32855
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified **04/03/1989** 3a. Date of Last Report **02/07/1995**

4. FEI Number **59-2941135** 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

**FOSTER, GEORGE M
373 CHENEY HIGHWAY
% CAROUSEL FLORIST
TITUSVILLE FL 32780**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
	D	KEPPEN, STEVEN P.	5 FLORIDA AVE COCOA FL	<input type="checkbox"/>
	D	FOSTER, GEORGE	5800 N BANANA RIVER BLVD CAPE CANAVERAL FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
2 1 TITLE	2 2 NAME	2 3 STREET ADDRESS	2 4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3 1 TITLE	3 2 NAME	3 3 STREET ADDRESS	3 4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4 1 TITLE	4 2 NAME	4 3 STREET ADDRESS	4 4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5 1 TITLE	5 2 NAME	5 3 STREET ADDRESS	5 4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6 1 TITLE	6 2 NAME	6 3 STREET ADDRESS	6 4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE M. FOSTER

2-1-96

407-636-7195

Date:

Daytime Phone #

CR2E034 (12/95)