FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # K8

K87800

(4)

CARLISLE BRANDON CORPORATION

FILED Feb 23 1998 8:00am Secretary of State

Principal Place of Business S ROBERT C. WILKINS. JR. 1701 LEE RD		Mailing Address			-	IA MAMAN MAMAN MA	AN ANDII AIAN BIRIE KARE	
		* ROBERT C. WILKINS, JI	% ROBERT C. WILKINS. JR.					
		1701 LEE RD			DO NOT WRITE IN THIS SPACE			
WINTER PARI	(FL 32789	WINTER PARK FL 32789				IN THIS SE	ACE	
					3. Date Incorporated or Qualified 05/12/1989			
2. Principal P	Place of Business	2a, Mailing Address		····	4. FEI Number		Applied For	
21		26			59-2945440		Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Z	\$8.75 Additional	 J
22		27		5. Certificate of Status Desired	dk7	Fee Required		
City & Stat	ie .	City & State			6. Election Campaign Financing		\$5.00 May Be	
23		28			Trust Fund Contribution		Added to Fees	
Zip			Country		8. This corporation owes or has pa			
24	25 25 Name and Address of Curre	29 30 30			Personal Property Tax due June 10. Name and Address of New Re		Yes No	
00		ur uedistered Adeur	81	Name	10, Halle and Address of New Ne	gistorou A	Jone .	
	ANT, JOHN)1 LEE RD, STE A							
	VTER PARK FL 32789		82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
***			83					_
	•		Ì	~			II -: A :	
	,		84	City		FL	85 Zip Code	
office or r	registered Agent of both, in the State	e of Florida. Such change was at	athorized by t	named corporati	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of co	hanging its register ntment as registere	ed d
agent. I a	im familiar with, and accept the object	7	_	_	2/1.	av		
SIGNATURE	Signature typed or winted name of registered ag	non and tilk if applicable (NOTE:		signature require	d when reinstatung)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND I	DIRECTORS IN 12	
TITLE	DV	☐ DELETE	1.1 TITLE				Change Addit	tion
NAME	GRANT, JOHN W.		1.2 NAME					
STREET ADDRESS 1458 KETTKEDRUM TRAIL			1.3 STREET ADDRESS					
CITY-ST-ZIP	ENTERPRISE FL		1.4 CITY-ST-	ZIP				
TITLE	DV	☐ DELETE	2.1 TITLE			Ĺ	Change Addii	tion
NAME	SCHLEIMER, LOUIS		2.2 NAME					
STREET ADORESS	30 JAEGGER DRIVE		2.3 STREET AL	DDRESS				
CITY-ST-ZIP	GLEN HEAD NY	DOUTTE	2. 4 CiTY-ST	-ZIP			Change Addit	lion
TITLE	DV	☐ DELETE	3.1 TITLE			L	_ Change Addii	non
NAME OXDEEX ADDRESS	NEWLER, THEODORE 31 DR. FRANK RD		3.2 NAME	DDDCCC				
STREET ADDRESS	SPRING VALLEY NY		3.3 STREET AL					
CITY-ST-ZIP TITLE	DV	DELETE	3.4. CITY - ST-	-217		Г	Change Addit	lion
NAME	DEMCHICK, JULES		4. 2 NAME			•	_ ,	·
STREET ADDRESS	225 W. 86TH STREET		4.3 STREET AL	nneess				
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-					
TITLE	DS	DELETE	5.1 TITLE			T	Change Addit	tion
NAME	LEWIS, RICHARD		5.2 NAME					
STREET ADDRESS	1892 COLE DRIVE		5.3 STREET AL	DDRESS				
CITY-ST-ZIP	EAST MEADOW NY		5.4 CITY-ST-	1				
TITLE		DELETE	6.1 TITLE				Change Addit	ion
NAME			6.2 NAME		3000024 3 -02/24/980104	설시스	∧ ئ ⊟ې	<u>م</u> ا
STREET ADDRESS			6.3 STREET AC	DORESS	-02/24/98U1U	+UU15	、みか	1
CITY-ST-ZIP			6.4 CITY - ST-	ZIP	***158.95		\sim	

14. I 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 atlachment with an address.

NOMATURE Mic