

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

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # K95912 (7)**  
1. Corporation Name  
**CARA ENTERPRISES INC.**

Principal Place of Business Mailing Address  
**% CAROL PROFFETTA  
2490 NW 94TH AVENUE  
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/16/1989** 3a. Date of Last Report **04/26/1994**  
4. FEI Number **65-0126135** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **2490 N.W. 94th AVE** 26 **2490 N.W. 94th AVE.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  27   
City & State City & State  
23 **CORAL SPRINGS, FL** 28 **CORAL SPRINGS, FL**  
Zip Country Zip Country  
24 **33065** 25 **U.S.A.** 29 **33065** 30 **U.S.A.**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**PROFFETTA, CAROL  
2490 NE 94TH AVENUE  
CORAL SPRINGS FL 33065**  
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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Carol Proffetta* **CAROL PROFFETTA V.P.** **4-13-95**  
Signature (typed or printed name of registered agent) (SEE INSTRUCTIONS) (NOTE: Registered Agent signature required when registering) (Date)

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------|---|---|
| TITLE                      | <b>VD</b>                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PROFFETTA, CAROL</b>      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>2490 NW 94TH AVE</b>      | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>CORAL SPRINGS FL</b>      | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>PD</b>                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PROFFETTA, ANTHONY</b>    | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2490 N.W. 94TH AVENUE</b> | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>CORAL SPRINGS FL</b>      | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                              | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 3.2 NAME  |   |
| STREET ADDRESS             |                              | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                              | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 4.2 NAME  |   |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                              | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 5.2 NAME  |   |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                              | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 6.2 NAME  |   |
| STREET ADDRESS             |                              | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                              | 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)(g), 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 my address.

SIGNATURE: *Carol Proffetta* **4-13-95** **305-974-6571**  
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT OR DIRECTOR (Date) (Phone #)