

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 # **L09162** (3)

1. Corporation Name
CARM, INC.



Principal Place of Business

**109 OVERLEA WAY
VENICE FL 34292
US**

Mailing Address

**46 NORTH WASHINGTON BLVD
STE 1
SARASOTA FL 34236**

3. Date Incorporated or Qualified
08/10/1989

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0164373

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

**PATTERSON, JOHN ESQUIRE
46 NORTH WASHINGTON BLVD
STE 1
SARASOTA FL 34236**

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 of Registered Agent (Required when changing agent)

Signature of Registered Agent (Required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	MCGIFFEN, JOHN W.	
STREET ADDRESS	109 OVERLEA WAY	
CITY, ST, ZIP	VENICE FL	
TITLE	VPDT	☐ DELETE
NAME	KRAMER, MARVIN	
STREET ADDRESS	675 HOBBY HORSE ROAD	
CITY, ST, ZIP	MILFORD OH	
TITLE	AS	☐ DELETE
NAME	LUPER, ALBERT R	
STREET ADDRESS	109 OVERLEA WAY	
CITY, ST, ZIP	VENICE FL	
TITLE	VP	☐ DELETE
NAME	CHAMBERLAIN, FRED	
STREET ADDRESS	109 OVERLEA WAY	
CITY, ST, ZIP	VENICE FL	
TITLE	VP	☐ DELETE
NAME	EDSEL, EDWARD E	
STREET ADDRESS	109 OVERLEA WAY	
CITY, ST, ZIP	VENICE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. MCGIFFEN, PRESIDENT

1-26-96

(941) 497-4786

CR2E034 (12/95)