FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
109 OVERLEA WAY VENICE FL 34292 US	46 NORTH WASHINGTON BLVD STE 1 SARASOTA FL 34236-5977

3. Date Incorporated or Qualified: 08/10/1989
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 109 Overlea Way
Suite, Apt. #, etc.
27
City & State
28 Venice, FL
Zip 29 34292 Country 30 USA

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGIFFEN, JOHN W.		1.2 NAME		
STREET ADDRESS	109 OVERLEA WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP		
TITLE	VPDT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KRAMER, MARVIN		2.2 NAME		
STREET ADDRESS	675 HOBBY HORSE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MILFORD OH		2.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LUPER, ALBERT R		3.2 NAME		
STREET ADDRESS	109 OVERLEA WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHAMBERLAIN, FRED		4.2 NAME		
STREET ADDRESS	109 OVERLEA WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EDSEL, EDWARD E		5.2 NAME		
STREET ADDRESS	109 OVERLEA WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	VP, AS	☐ Change ☒ Addition
NAME			6.2 NAME	EGGLESTON, SUSAN E	
STREET ADDRESS			6.3 STREET ADDRESS	109 Overlea Way	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Venice FL 34292	

14. I do 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 attachment with an address.

SIGNATURE: [signature] (941) 497-4786

CR2E034 (9/96)