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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L10440

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CARRERA HOMES, INC.

FILED May 06 1997 8:00am Secretary of State

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Principal Plac	e of Business	Mailing .	Address			Į	a idmitali filt einel aneit minte billi b	Em Brast Asalt A	11011 Q1Q11 07D1	** ******
LADONNA J CO			ADONNA J			-				
2449 PIRST ST FT MYERS FL 3		2449 FIRS	SISI SFL 33901-2905							
US	33301	US	0 12 00001-2000				3. Date Incorporated or Qualific	d 3a. D	ale of Last	Report
							08/18/1989		01/1996	,
2. Principal P	lace of Business	2a. Maili	ng Address		· · · · · · · · · · · · · · · · · · ·	4	I. FEI Number			Applied For
21		26					65-0139386		1	Vot Applicable
Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.] ,	5. Certificate of Status Desired	X		Additional
22		27								Required
City & Stat	e	— i	City & State			€	6. Election Campaign Financing			0 Мау Ве
23 Zip	Country	28] Zip		Coun	tru		Trust Fund Contribution			d to Fees
24]	├ŋ [*] ` ′	f		H-1 -	u y	•	 This corporation has liability the Florida Statutes 	or iritangible X Yes [i tax under □ No	s. 199,032,
24	25 9. Name and Address of Curr	29 ent Registered	Agent	[30]			0. Name and Address of New			
COD	Y, LADONNA J			\{	Name					
	FIRST ST			ļ.			/D A B A A A A A A A A A A A A A A A A A			
	E C-1			٤	Stree	et Address ((P.O. Box Number is Not Accep	table)		
	IYERS FL 33901			ε	13					
* * * *										
•					34 City			FL	_ 85 Zip	o Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.150	08, Florida Statut	les, the abo	ve-name	ed corporat	ion submits this statement for th			its registered
office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Str im familiar with, and accept the ob	ite of Florida, Su ligations of, Sect	ich change was lion 607.0505, Fl	authorized orida Statu	by the co tes.	orporation's	board of directors. I hereby ac	cept the app	ocintment a	is registered
SIGNATURE	•	·								
	Signature, typod or printed name of registered				Agent signatu	ure required wh		DATE		
12.		AND DIRECTOR:		13.		 	ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PST CONTRACTOR		☐ DELETE	1.1 DIU					Change	Addition
NAME	DELAGO, STEVEN C.			1.2 NAM		Ì				
STREET ADDRESS	9285 OAKBRIDGE CT FT MYERS FL			1	EET ADDRESS	S				l
CITY-ST-ZIP	D D		DELETE		'-S1-7IP				Change	Addition
TITLE	DELAGO, STEVEN C.		[] butte	2.1 TITL					L Change	: L*1 Wondton
NAME	9285 OAKBRIDGE CT			2.2 NAN						
STREET ADDRESS	FT MYERS FL				EE1 ADDRESS	·				
CITY-ST-ZIP TITLE	I I MILIO I L		☐ DELETE	3.1 THL	Y - S1 - ZIP F	- 			Change	Addition
NAME				3.2 NAM					Vitalige Comp	
STREET ADDRESS					ie Ee1 address					
CITY-ST-ZIP					ren AUDMESS Y-ST-ZIP	´				
TITLE			DELETE	411111			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				4 2 NA		1				· \
STREET ADDRESS					 EET ADDRESS	s				
CITY-ST-ZIP					'-ST-ZIP					
TITLE			DELETE	5.1 TITL					Change	Addition
NAME				5.2-NAN	1E					
STREET ADDRESS					EE1 ADDRESS	s				
CITY-ST-ZIP					/ - \$1 - ZIP					
TITLE			DELETE	6.1 TO L					Change	Addition
NAME				6.2 NAM	1E					
STREET ADDRESS					EET ADDRESS	s				
CITY-ST-ZIP					'- \$1 - ZIP					
	by cortify that the information europ	find with this filin	o does not qual			stated in S	Section 119 07/3)(i) Florida Stat	utes I furthe	r certify the	at 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 or an attachment with an address.