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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(6)

CAROLINA CARIBBEAN CORP.

	CANOLINA OA	IIDOLAN COM.										
Principal Place of Business Mailing Address							1	F HERMANIE BON LIGHT BYDIT HORAR BYTH BAN		)		
947 HYACINTH 947 HYACINTH DELRAY BEACH FL 33483 US US US								DO NOT WRITE IN THIS SPACE				
								3.	Date Incorporated or Qualified 09/11/1989			
2.	Principal Place of Bus	siness	2a. Mailing A	ddress				4.	FEI Number	•••	777	Applied For
21	26							"	65-0148181		<u> </u>	lot Applicable
22	Suite, Apt. #, etc.	Suite, Apt	Suite, Apt. #, etc.			5.	5. Certificate of Status Desired					
23	City & State	City & Sta	City & State				6.	Election Campaign Financing Trust Fund Contribution		,	May Be I to Fees	
24	Zip	Country 7rp 25 29 30			Country 0			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
g, Name and Address of Current Registered Agent								10.	Name and Address of New Reg	istered /	gent	
MALLOY, SUSAN 947 HYACINTH DR DELRAY BCH FL 33483						1 1	Name					
						2 5	Street Addre	ress (P.O. Box Number is Not Acceptable)				
					B3	3						
					84		City			FL	1 [ '	Code
11	Pursuant to the prov office or registered a agent. I am familiar	isions of Sections 607 agent, or both, in the S with, and accept the o	.0502 and 607 1508, F State of Florida. Such cl obligations of, Section 6	lorida Statutes hange was au 507 0505, Flori	s, the abou thorized b ida Statute	ve-r by th	named corporation	oration on's b	n submits this statement for the popular of directors. I hereby acceptions	urpose of I the appo	changing ointment a	its registered s registered
SI	GNATURE								·			
12		of or punited name of registers	S AND DIRECTORS	(NOTE	Hegistered Ag	jert r	agnature require		roinstation) ADDITIONS/CHANGES TO OFFIC	DATE FDQ AND	DIRECTO	DC IN 12
TIT					1.1 TITLE			ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NA				1.2 NAME	E.				-			
		A 4TH A NA 4 AND ATTER		1.3 STREE	1.3 STREET ADDRESS							
CIT		T-ZIP DELRAY BEACH FL		1.4 CHY-	1.4 CHY-ST-7IP							
TIT	LE			DELETE	2 1 THILE						Change	Addition
NA	ME				2.2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS		DDRESS							
	Y-ST-ZIP				2. 4 CITY-	- 51-	ZIP				<del></del>	
TIT	- 1		L_	DELETE	3.1 TITLE						L Change	Addition
	ME				3.2 NAME							
STI	REET ADDRESS				3.3 STREE	T AD	DRESS					

64 CITY - ST - ZIP 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 all aphment with an address.

3.4. CITY - 51 - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CHTY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 62 NAME

DELETE

DELET**E** 

DELETE

Change

Change

\_\_\_ Addition

\_\_\_ Addition

Addition

**FILED** 

May 06 1998 8:00am

Secretary of State