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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L14765 1. Corporation Name

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90027 015 ***150.00

CAROLINA CARIBBEAN CORP. Mailing Address Principal Place of Business 947 HYACINTH 947 HYACINTH **DELRAY BEACH FL 33483** DELRAY BEACH FL 33483 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualifed 09/11/1989 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0148187 Not Applicable 65-014818 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #. etc.~~~ 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes the current year Intangible Country Zip Zio Personal Property Tay. 30 25 79 24 9. Name and Address of Current Registered Agent 10. Name and Add The correct Name MALLOY, SUSAN Street Address (P.O. Box Number 947 HYACINTH DR **DELRAY BCH FL 33483** 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this si office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ered SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE TITLE MALLOY, SUSAN 1.2 NAME NAME 1,3 STREET ADDRESS STREET ADDRESS 947 HYACINTH DELRAY BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 21 TITI F TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change ☐ DELETE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE 777) F 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE πne 6.2 NAME NAME 6.3 STREET ADDRESS

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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CR2E034,(11/98)