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

PROFIT CORPORATION ANNUAL REPORT 1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 18 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1 10609

141

CAROL	FARMER ASSOCIATES, INC	O			
Principal Place of Business C/O PAM JORDAN 4230 INTRACOASTAL DR. BOCA RATON FL 33487-4210		Mailing Address C/O PAM JORDAN 4230 INTRACOASTAL DR. BOCA RATON FL 33487-4210			
					n. Date of Last Report 01/30/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		65-0146506	Not Applicable \$8.75 Additional
22	π, οιο.	27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for intang Florida Statutes	gible tax under s. 199.032,
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
	RDAN, PAMELA A.		81 Name		
1169 HILLSBORO MILE #419 HILLSBORO BEACH FL 33062				ess (P.O. Box Number is Not Acceptable)	
I II(L)	LODONO DENONTE COORE		83	BETTE! Blua.	
			84 City		85 Zip Code
	10 007.05	10074500 5: 11 0: 11	300		-L 33436
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida, Such change was at	is, the above-named corp uthorized by the corporat	poration submits this statement for the purposion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	un tamiliar with, and accept the oblig	ations of, Section 607.0505, Floi	noa statutes.		
	Signature, typed or printed name of registered ag-		Registered Agent signature requir		
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
NAME	FARMER, CAROL A.		1.2 NAME		
STREET ADDRESS	4230 INTRACOASTAL DR.		1.3 STREET ADDRESS		
CITY-ST-7IP	BOCA RATON FL		1.4 CITY-ST-ZIP		
THILE		☐ DELETE	2.1 TITLE		Change
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
TITLE		DELETE	2 4 CITY - S1 - ZIP 3 1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
THLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHTY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		F-1	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
CIREET ADDRESS			■ 6.3 STREET ADDRESS 1		

14. If 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.

6.4 CITY - ST- ZIP