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Jan 24 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 # L26179 (6)

1. Corporation Name  
CARROLL . GRAHAM, INC.

Principal Place of Business  
6 SUNNINGDALE CIRCLE  
WEST PALM BEACH FL 33401

Mailing Address  
6 SUNNINGDALE CIRCLE  
WEST PALM BEACH FL 33401-1035



3. Date Incorporated or Qualified 10/30/1989  
3a. Date of Last Report 07/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 400 SO OCEAN BLVD  
Suite, Apt. #, etc.  
27 215 E

22 City & State

27 City & State  
28 PALM BEACH FL

23 Zip

Country

29 33480

Country  
30 Palm Beach

4. FEI Number 65-0172259  
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

10. Name and Address of New Registered Agent

WARD, PHILIP H. III  
1555 PALM BEACH LAKES BLVD. SUITE 1000  
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME CARROLL, JAMES  
STREET ADDRESS 6 SUNNINGDALE CIRCLE  
CITY - ST - ZIP WEST PALM BCH. FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 400 SO OCEAN BLVD #215E  
1.4 CITY - ST - ZIP PALM BEACH, FL 33480  
Change ☒ Addition ☐

TITLE VT  
NAME GRAHAM, ANNE  
STREET ADDRESS 6 SUNNINGDALE CIRCLE  
CITY - ST - ZIP WEST PALM BCH. FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
Change ☐ Addition ☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0295475

CR2E034 (9/96)