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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L26179**

1. Corporation Name

CARROLL . GRAHAM, INC.

Principal Place	e of Business	Mailing Address							
6 SUNNINGDALE CIRCLE WEST PALM BEACH FL 33401		400 S. OCEAN BLVD.							
		215 E.				DO NOT WRITE IN THIS SPACE			
		PALM BCH FL 33480					IE IN IMIS	PACE	
		US				3. Date Incorporated or Qualifed			
						10/30/1989			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		\vdash	opplied For
		26			65-0172259			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		+	Additional
22		27			* T				Required
City & State		City & State			6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Coi	untry		8. This corporation owes the curre			
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent		↓		10. Name and Address of New F	legistered A	gent	
				81	Name				
WARD, PHILIP H. III				82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)		· · · · · · · · · · · · · · · · · · ·
1555 PALM BEACH LAKES BLVD. SUITE 1000 WEST PALM BEACH FL 33401				"	01,0507,1557		,		
				83					
				\sqcup				[a=1 7:	C-d-
	•			84	City		FL	85 Zip	Code
	to the provisions of Sections 607.0502	and 607 1508 Florida Statut	ac that		-named come	pration submits this statement for the	purpose of c	hanging i	ts registered
office or i agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation	ions of, Section 607.0505, Flo	rida Sta	tutes.	trie corporatio	in a poard of directors. Thereby accept	ino appoin		- J. C.
SIGNATURE		ALONG THE PROPERTY OF THE PROP	. 6	d 8	t signature required	Lubeo espetatina)	DATE		
	Signature, typed or printed name of registered agent OFFICERS AND		13.		r signature required	ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
12.	 	DELETE	_	TILE		ADDITIONS/OTIANGED TO GI	TOLINO 1 WIL	Change	
TITLE	P ANDOLL MATE								
NAME	CARROLL, JAMES			IAME					
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP	PALM BCH FL			CITY-ST	T-ZIP			☐ Change	Addition
TITLE	VT	☐ DELETE	2.1 1	IITLE					, Madillon
NAMÉ	GRAHAM, ANNE		2.21	VAME	1				
STREET ADDRESS	6 SUNNINGDALE CIRCLE		2.3 \$	STREET	ADDRESS				
CITY-ST-ZIP	WEST PALM BCH. FL		2.4	спу-ѕ	T-ZIP				
TITLE		☐ DELETE	3.11	ITILE				Change	e ☐ Addition
. NAME	1		3.21	NAME)				
STREET ADDRESS			3.3 5	STREET	ADDRESS				
			- 1	CITY-S					
CITY-ST-ZIP TITLE		☐ DELETE	_	MLE				Change	e Addition
NAME				NAME					
	,				ADDRESS				
STREET ADDRESS	`				Į.				
CITY-ST-ZIP		D per eve	_	CITY-ST	1-41			Change	e
TITLE	· , '		■ 3.1						
		☐ DELETE	501	MAME	I				
NAME		EJ DELEJE		NAME					
NAME STREET ADDRESS	3	☐ DEFE1E	5.3	STREET	ADDRESS				
			5.3 S	STREET CITY-ST	I				
STREET ADDRESS		☐ DELETE	5.3 S	STREET	I			Change	e Addition
STREET ADDRESS			5.3 5 5.4 0 6.1	STREET CITY-ST	I			Change	e Addition
STREET ADDRESS CITY-ST-ZIP TITLE			5.3 \$ 5.4 0 6.1 ° 6.2 l	STREET CITY-ST TITLE NAME	I			☐ Change	e Addition

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.

SIGNATURE: