SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L40412 CAR-JO, INC.

(3)

FILED
Sep 18 1997 8:00am
Secretary of State

Principal Place of Business * JOSEPH GUELFI 1863 S. TAMIAMI TRAIL VENICE FL 34293	Mailing Address % JOSEPH GUELFI 1863 S. TAMIAMI TRAIL VENICE FL 34293			DO NOT WRITE IN THIS SPACE					
						Date Incorporated or Qualified 01/05/1990		ate of Last Report /01/1996	
2. Principal Place of Business	2a. Mailing Add				4.	FEI Number 65-0190005		Applied For Not Applicab	ole
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			6.	Certificate of Status Desired Sa.75 Additional Fee Required			
City & State City & State 23 28						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country 24 25	Zip 29	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
GUELFI, JOSEPH			61	Name					
1863 SOUTH TAMIAMI TRAIL VENICE FL 34293		82		Street Addre	ress (P	O. Box Number is Not Acceptable	e)		
			83						
			84	City			FL	85 Zip Code	

11. Pursuant to the provisions of Soctions 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.

(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 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE **GUELFI. JOSEPH** NAME 1.2 NAME 471 LEHIGH ROAD STREET ADDRESS 1.3 STREET ADDRESS **VENICE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ZALESKI, CAROLINE NAME 2.2 NAME **471 LEHIGH ROAD** STREET ADDRESS 2.3 STREET ADDRESS **VÉNICE FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELE1E Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE WASHING B Zandi Lang Am

9/14/97

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