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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L67641

FLORIDA CARIBBEAN CONNECTION, INC.

(5)

FILED 97 SEP -8 AM 11: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Plac	e of Business	Mailing Address				r inderings min Tille tante ares ande tell fiber erest mint artes mint at the case.			
C/O HENRY TEPE 516 BROADWAY AVE. LEHIGH ACRES FL 33936		C/O HENRY TEPE 516 BROADWAY AVE. LEHIGH ACRES FL 33972-							
						3. Date Incorporated or Qualified 04/20/1990		e of Last F 1/1996	Report
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address 26			4, FEI Number 65-0201606	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			······································				Additional
22		27				5. Certificate of Status Desired		,	equired
City & Stat	e	City & State	heng '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	28   Country   Zip   Cou		intry		This corporation has liability for in				
24	25	29	30					l No	, 155.0.Jz.,
	9. Name and Address of Curre	ent Registered Agent	- I J			10. Name and Address of New Reg	Istered A	gent	
CAR	NAHAN, THOMAS L			81	Name				
8211 COLLEGE PARKWAY				82	Street Addr	ess (P.O. Box Number is Not Acceptabl	 e)		
FOR	T MYERS FL 33919			B3					
				84	City			ot Zin	Code
					*		FL		
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	02 and 607.1508, Florida Statu ie of Florida. Such change was gations of, Section 607.0505, Fl	tes, the al authorized lorida Stat	bove d by lutes	-named corp the corporat -	poration submits this statement for the purion's board of directors. I hereby accept	rpose of a	changing I intment as	ts registered registered
SIGNATURE	Signature, typed or publish haine of registered as	grut and tricinfact trable (NO	II Rogisteres	d Agei	r signalure requir	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	DPT	DELETE	1.1 TI	TLE		والله والأراء المنطأ فاللها فالله فالله المنالة		Change	Ac <u>idi</u> tion
NAME	TEPE, HENRY		1 2 N/	\ME		7000022 -09/10/s	20-216  701	119	
STREET ADDRESS	516 BROADWAY AVE.		1.3 ST	REFT	ADDRESS	****165	. DD	ェュロー ) 施施施施11	65.00 l
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NAME			6.2 NA	ME			2	7CK)	
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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.