

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L71463 (8)

1. Corporation Name

CAREER IV, INC.



Principal Place of Business

Mailing Address

PO BOX 160097
ALTAMONTE SPRINGS FL 32716-0097
US

PO BOX 941990
MAITLAND FL 32794-1990
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., etc.

26 Suite, Apt., etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROSBY, PHYLIS B
~~510 DEVONSHIRE BLVD.~~ 621 Orchid
LONGWOOD FL 32750

81 Name Debbie Eifert
82 Street Address (P.O. Box Number is Not Acceptable) 621 Orchid Lane
83
84 Altamonte Springs FL 85 Zip Code 32714

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director or registered agent or trustee

Signature of Registered Agent (signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	☐ DELETE
NAME	CROSBY, PHILIP B.	
STREET ADDRESS	115 PALMER AVE	
CITY-STATE-ZIP	WINTER PARK FL	
TITLE	DTP	☐ DELETE
NAME	CROSBY, PHYLIS B	
STREET ADDRESS	1804 WELLINGTON TERR	
CITY-STATE-ZIP	MAITLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	164 Palmer Ave.
4. CITY-STATE-ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	1861 McKelvey Rd
8. CITY-STATE-ZIP	Greenback TN 37742
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changes on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Expiring Date

Philip B. Crosby

1/25/96

707 682 5665

CR2E034 (12/95)