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FILED  
Apr 21 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 # L87407

(7)

1. Corporation Name

CARAZONA ASSETS, INC.

Principal Place of Business

P.O. BOX 3659  
INDIALANTIC FL 32903

Mailing Address

P.O. BOX 3659  
INDIALANTIC FL 32903

3. Date Incorporated or Qualified  
07/12/1990

3a. Date of Last Report  
01/29/1996

4. FEI Number

58-1901457

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

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

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOONIN, LAUREN B  
325 FIFTH AVE  
SUITE 207  
INDIALANTIC 32903

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 207

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 VD  
NAME THOMPSON, C. WAYNE  
STREET ADDRESS 325 FIFTH AVE.  
CITY-ST-ZIP INDIALANTIC FL

TITLE DVST  
NAME KOONIN, LARRY  
STREET ADDRESS 325 FIFTH AVE.  
CITY-ST-ZIP INDIALANTIC FL

TITLE DP  
NAME FAUST, CHARLES R  
STREET ADDRESS 4116 N. OCEAN DR., #700  
CITY-ST-ZIP LAUDERDALE BY THE SEA FL

TITLE AS  
NAME GOLLEHON, LINDA  
STREET ADDRESS 4116 N. OCEAN DR., #700  
CITY-ST-ZIP LAUDERDALE BY THE SEA FL

TITLE AS  
NAME HENDERSON, CHARISSE  
STREET ADDRESS 325 FIFTH AVE.  
CITY-ST-ZIP INDIALANTIC FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: Sandra B. Mortham, Secretary of State, 4-15-97 407 225-7500

CR2E034 (9/96)