

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.)

FILED

Aug 04 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 # M05419 (0)  
1. Corporation Name  
CARNCO CORP.



Principal Place of Business Mailing Address  
C/O CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD/1600 MIAMI CENTER  
MIAMI FL 33131-1328  
C/O CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD/1600 MIAMI CENTER  
MIAMI FL 33131-1328

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/20/1984		07/18/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2542062		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.			
<input type="checkbox"/> Yes				<input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD  
1600 MIAMI CENTER  
MIAMI FL 33131-1328

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
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	C	<input type="checkbox"/> DELETE		1.1 TITLE	Change	<input checked="" type="checkbox"/> Addition	
NAME	CARNEY, THOMAS F.			1.2 NAME			
STREET ADDRESS	801 NE 167 ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL			1.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE	Change	<input checked="" type="checkbox"/> Addition	
NAME	MANBER, MILTON			2.2 NAME			
STREET ADDRESS	801 NE 167 ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL			2.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE	Change	<input checked="" type="checkbox"/> Addition	
NAME	APELIAN, GEORGE			3.2 NAME			
STREET ADDRESS	801 NE 167 ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Change	<input checked="" type="checkbox"/> Addition	
NAME	DIAMOND, HAROLD M.			4.2 NAME			
STREET ADDRESS	801 NE 167 ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL			4.4 CITY-ST-ZIP			
TITLE	EVP	<input type="checkbox"/> DELETE		5.1 TITLE	Change	<input checked="" type="checkbox"/> Addition	
NAME	SALSANO, EILEEN A.			5.2 NAME			
STREET ADDRESS	801 NE 167 ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	Change	<input checked="" type="checkbox"/> Addition	
NAME	BLITZ, JULIAN J DR			6.2 NAME			
STREET ADDRESS	801 NE 167TH ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BCH FL			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.

CR2E034 (4/97)

4 SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
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24 Country	29 Country
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OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
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CR2E034 (497)