**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90111 006 \*\*\*150.00

## **DOCUMENT # M16760** 1. Corporation Name

CARTER BOTANICALS, INC.

Principal Place of Business Mailing Address					1 1001000	- IAC CIASA BUILS INDSA ASIUS DECI DI	ials alasi Afalt etali di	OLF BIRDI (BR)	
16319 JOS ROAD 6276 92ND RD S DELRAY BCH. FL 33446 BOYNTON BEACH FL 33437 US US					DO NOT WRITE IN THIS SPACE				
The second of th					-3. Date Incorpo 06/14/198	orated or Qualifed			
2. Principal Place of Business 22. Mailing Address					4, FEI Number		App	lied For	
21 14470 Smith Sundy Rd 26				59-25471	59-2547151 Not Applicable		Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 Ac	ditional	
27					5. Certifcate of	Status Desired	Fee Req	uired	
City & State  City & State  City & State  City & State						6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip Country Zip Country				8. This corpora	tion owes the current year	r Intangible			
24 334	46 25 USF 25	30	<u> </u>		Personal Pro			<b>2</b> 1√0	
Name and Address of Current Registered Agent				10. Name and A	Address of New Register	red Agent			
MORRIS, VICTOR			81	Name		MORRIS			
6276 92ND ROAD S			82	Street Ad	dress (P.O. Box Num	ber is Not Acceptable)	,	ļ	
BOYNTÓN BEACH FL 33437			83	_	76 92~				
5011,1011 52 1011 12 1011			00	Bo	YN TON	BEACH		ľ	
			84	City	<del></del>	_	FL 85 Zip Co	de 437	
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  4-5-99							1		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agen				nt signature requ	5 4-5-99 [quired when reinstating] DATE				
12. OFFICERS AND DIRECTORS 13.						HANGES TO OFFICER	AND DIRECTOR	S IN 12	
TITLE	DP /	☐ DELETE	1.1 TITLE	-	MORRIS:		Change	☐ Addition	
NAME	MORRIS, VIETOR JGNÁTIUS		1.2 NAME	] '	Huga 5	H Sundy K	e d	j	
STREET ADDRESS	16319-JOG BOAD		1.3 STREET	FADDRESS	14410 JM;	in sunny			
CITY-ST-ZIP	DECRÂY BEACH FL		1,4 CITY-S	T- ZIP	DEIRAY	BEACH	FL 33	446	
TITLE	DV	☐ DELETE	2.1 TITLE	٣	D.5.	BEACH	Change	Addition	
NAME			2.2 NAME	-	mappieri	1.000	.,	·	
STREET ADDRESS	16319 JOG ROAD		2.3 STREET	ADDRESS	Su - Su	with Sundy	Rd		
CITY-ST-ZIP	DELRAY BCH. FL.		2. 4 CITY+S	T-ZIP	_ DE 12	nith Sundy By Beak EAS	FL 334	46.	
TITLE	DS .	DELETE	3.1 T/TILE					☐ Addition	
NAME	MORRIS, GARY		3.2 NAME	1.	JAYSON C	CHUNG nilk Sundy			
STREET ADDRESS	16319,10G-ROAD		3.3 STREET	ADDRESS	14470 Sn	nilk Sundy	y Rol	.	
CITY-ST-ZIP	DELRAY BCH: FL		3.4. CITY-S	T-ZIP	DELRAY	BEACH F	:L_3344	6	
TITLE	DT	☐ DELETE	4.1 TITLE						
NAME .	SEOW, LLOYD		4.2 NAME		Vauaha	Morris inith Sund y BEACH	_	}	
STREET ADDRESS	16319 JOG ROAD		4.3 STREET	ADDRESS	14470 5	mith Sund	y Roce	ا مر ٩	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-S	r-ZIP	DELRA	Y BEACH	'FL 334	146	

CITY-ST-ZIP 14. I 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 on 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP (1)

STREET ADDRESS

TITLE

NAME

TITLE

NAME

**DELRAY BEACH FL** 

ta e dan e

部地位201

DELETE

DELETE

☐ Change

Addition

Addition