

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

FILED

Jan 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 # M16761 (2)

1. Corporation Name
CARTER EXOTICS, INC.

Principal Place of Business
6720 162ND PLACE SOUTH
DELRAY BEACH FL 33446
USA

Mailing Address

C/O GRUBER AND ASSOCIATES, P.A.
1650 SOUTHEAST 17TH STREET, SUITE 301
FORT LAUDERDALE FL 33316-1735
USA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

USA

2a. Mailing Address

26 C/O GRUBER AND ASSOCIATES, P.A.

27 Suite, Apt. #, etc.

28 City & State

FORT....

29 Zip

30 Country

USA

3. Date Incorporated or Qualified

06/14/1985

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0102599

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

GRUBER, RICHARD C. ROSE, C. DAVID
1650 SOUTHEAST 17TH STREET, SUITE 301
FORT LAUDERDALE FL 33316-1735

10. Name and Address of New Registered Agent

81 Name
DAVID C. ROSE, C. DAVID
82 Street Address (P.O. Box Number is Not Acceptable)
C/O GRUBER AND ASSOCIATES, P.A.
83 1650 SOUTHEAST 17TH STREET, SUITE 301
84 City
FORT LAUDERDALE
85 Zip Code
FL 33316-1735

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

C. DAVID ROSE

1-15-97

Signature of officer or director, or both, of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	ROSE, C. DAVID	6548 SERENA LANE	BOCA RATON FL	<input type="checkbox"/>
STD	ROSE, VICTORIA L.	6548 SERENA LANE	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
			33433	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			33433	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: C. DAVID ROSE 1/15/97 954-522-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr Filing #

CR2E034 (9/96)