Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90250 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M26866

1. Corporation Name

CARAMA-WOOL CORPORATION

Principal Place	of Business	Mailing Address			1 18 18 18 11 10 11 18 18 18 18 18 18 18 18 18 18 18 18
13950 NW 8ST 13950 NW 8ST					
SUNRISE FL 33	325	SUNRISE FL 33325			DO NOT WOITE IN THIS SPACE
US		US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
	·				02/04/1986
2. Principal Pl	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-2647381 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22	The second section of the section of the second section of the section of the second section of the second section of the section of th	27		-	5. Certificate of Status Desired Fee Required
City & State	e , , , , , , , , , , , , , , , , , , ,	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
24	25	29 30	0		Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Registered Agent
DALI	E ID CHADLES S		81	Name	Coha, Alan B.
DALE JR, CHARLES S			82	Street A	Address (P.O. Box Number is Not Acceptable)
414 NE 4TH ST					2021 Tyler Street
SUITE 301			83		
+10	AUDERDALE FL 33301		84	City	85 Zip Code
				I -	Hally wood FL 33020
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					
11. Pursuant to the provisions of Sections 607.0502 and 697.1508, 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 Provida. 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 T//8/1/9					
OIOIATORE			·	nt signature re	equired when reinstating) DATE
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition
TITLE	D	☐ DELETE	1.1 TITLE		Deprienge
NAME	WOOL, CARL		1.2 NAME		13950 NW & ST.
STREET ADDRESS	1321 NE 12TH AVE		1	ADDRESS	C P. 33335
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-S	T-ZIP	SUNRISE, Re 33325
TITLE .	VD	☐ DELETE	2.1 TITLE		Serial Control
NAME	WOOL, RANDY		2.2 NAME	1	13950 NW 8 ST.
STREET ADDRESS	1321 NE 12TH AVE		2.3 STREE	ADDRESS	SUNRISE KC 33325
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-5	ĭ-ZIP	JUNIANE PC 7/325
TITLE	PD	☐ DELETE	3.1 TITLE		•
NAME	LOPATIN, MARC	•	3.2 NAME		12000 NW & ST.
STREET ADDRESS	1321 NE 12TH AVE		3.3 STREE	TADDRESS	13710 / 2221
CITY-ST-ZIP	FT. LAUDERDALE FL	· · · · · · · · · · · · · · · · · · ·	3.4. CITY-5	T-ZIP	13950 NW 8 ST. SUNKISE KL 33325 STD Garage - Addition
TITLE	ST	☐ DELETE	4.1 TITLE	-	57D +5€ thange _ □ Addition
NAME	Lopatin, Susan		4. 2 NAME	.	13950 NW & ST.
STREET ADDRESS	1321 NE 12 AVE		4.3 STREE	TADDRESS	73770 7.00
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-S	T-ZtP	SUNRISE Pe 33325
TITLE		☐ DELETE	5.1 TITLE	j	☐ Change ☐ Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREE	TADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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 or the receipt for 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FICER OR DIRECTOR