

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M33613

(4)

1. Corporation Name

CAROLE MASINGTON, INC.



Principal Place of Business

5800 SW 118TH ST
5800 SW 118 ST
MIAMI FL 33156

Mailing Address

5800 SW 118TH ST
5800 SW 118 ST
MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MASINGTON, RICHARD S
5800 SW 118 ST
MIAMI FL 33156

3. Date Incorporated or Qualified

06/12/1986

3a. Date of Last Report

03/07/1995

4. FEI Number

59-2708798

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

10. Name and Address of New Registered Agent

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 607.0602 and 607.1502, 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 607.0605, Florida Statutes.

SIGNATURE

Carole Masington

12. Officers and Directors

13. Additions/Changes to Officers and Directors in 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE ☐ Change ☐ Addition
2. NAME	2. NAME
3. STREET ADDRESS	3.1 STREET ADDRESS
4. CITY, ST, ZIP	4. CITY, ST, ZIP ☐ Change ☐ Addition
5. TITLE	5.1 TITLE ☐ Change ☐ Addition
6. NAME	6. NAME
7. STREET ADDRESS	7.1 STREET ADDRESS
8. CITY, ST, ZIP	8. CITY, ST, ZIP ☐ Change ☐ Addition
9. TITLE	9.1 TITLE ☐ Change ☐ Addition
10. NAME	10. NAME
11. STREET ADDRESS	11.1 STREET ADDRESS
12. CITY, ST, ZIP	12. CITY, ST, ZIP ☐ Change ☐ Addition
13. TITLE	13.1 TITLE ☐ Change ☐ Addition
14. NAME	14. NAME
15. STREET ADDRESS	15.1 STREET ADDRESS
16. CITY, ST, ZIP	16. CITY, ST, ZIP ☐ Change ☐ Addition
17. TITLE	17.1 TITLE ☐ Change ☐ Addition
18. NAME	18. NAME
19. STREET ADDRESS	19.1 STREET ADDRESS
20. CITY, ST, ZIP	20. CITY, ST, ZIP ☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Carole Masington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (305) 665-7274
Date: Date: Phone:

CR2E034 (12/95)