FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED

CORPORATION
ANNUAL REPORT
1995

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

95 JUN 1 4 1:38

DOCUMENT # M48158 (3)

1. Corporation Name
CAROL L. BRAY ENTERPRISES, INC.

900001515035
-06/16/95--01031--022
****225.00 ****225.00

Principal Place of Business
% SERIL L. GROSSFELD
702 SW 15 ST.
POMPANO BEACH FL 33060
US

Mailing Address
% SERIL L. GROSSFELD
702 SW 15TH ST.
POMPANO BEACH FL 33060
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1987
3a. Date of Last Report: 02/18/1994

4. FEI Number: 59-2786984
Applied For / Not Applicable

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

6. Fiscal Calendar Year Ending Date Total Contributed: ☐ $5.00 May Be Added to Fees

7. Has corporation filed a report pursuant to 1993 Florida Statutes: X Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
GROSSFELD, SERIL L.
408 S. ANDREWS AVE.
SUITE 101
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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: _____ Date

Signature (and typed or printed name of registered agent and title if applicable)

12. OFFICERS AND DIRECTORS

Title	ST
Name	BRAY, CAROL L
Street Address	206 N.E. 26TH DRIVE
City, St, Zip	WILTON MANORS FL
Title	PD
Name	BRAY, TERRY
Street Address	8320 WEST LAKE MARION
City, St, Zip	HAINES CITY FL
Title	
Name	
Street Address	
City, St, Zip	
Title	
Name	
Street Address	
City, St, Zip	
Title	
Name	
Street Address	
City, St, Zip	
Title	
Name	
Street Address	
City, St, Zip	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

11 Title	☐ Change ☐ Addition
12 Name	
13 Street Address	
14 City, St, Zip	
21 Title	☐ Change ☐ Addition
22 Name	
23 Street Address	
24 City, St, Zip	
31 Title	☐ Change ☐ Addition
32 Name	
33 Street Address	
34 City, St, Zip	
41 Title	☐ Change ☐ Addition
42 Name	
43 Street Address	
44 City, St, Zip	
51 Title	☐ Change ☐ Addition
52 Name	
53 Street Address	
54 City, St, Zip	
61 Title	☐ Change ☐ Addition
62 Name	
63 Street Address	
64 City, St, Zip	

14. I hereby certify that the information supplied with this filing, and accompanying documents, has been examined by me and is true, correct and complete. Section 607.0123, Florida Statutes, provides that the information supplied on this annual report or supplemental annual report shall be deemed conclusive and that my signature shall have the same legal effect and be made under penalty of perjury. I further certify that the information indicated on this annual report or supplemental annual report not to be changed pursuant to Section 607.0123, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Carol L Bray

SIGNATURE: _____ 6/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

0102033 CP