

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M48158** (3)

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

**FILED**  
**May 01, 1996 08:00 AM**  
**Secretary of State**



Principal Place of Business: ~~SERIL L. GROSSFELD~~ **Y. Carol BRAY**  
702 SW 15 ST.  
POMPANO BEACH FL 33060 US

Mailing Address: ~~SERIL L. GROSSFELD~~ **Y. Carol BRAY**  
702 SW 15TH ST.  
POMPANO BEACH FL 33060 US

3. Date Incorporated or Qualified: **03/12/1987**  
3a. Date of Last Report: **06/14/1995**

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip, Country (25-29)

4. FEI Number: **59-2786984**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

g. 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  
81 Name: **Terry L. BRAY**  
82 Street Address (P.O. Box Number is Not Acceptable): **8320 W. LAKE MARION RD**  
83  
84 City: **HAINES CITY** FL 85 Zip Code: **33844**

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	BRAY, CAROL L.	
STREET ADDRESS	206 N.E. 26TH DRIVE	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRAY, TERRY	
STREET ADDRESS	8320 WEST LAKE MARION	
CITY-ST-ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	208 N.E. 26th Drive
1.4 CITY-ST-ZIP	Wilton Manors, Fl.
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 as an attachment with an address.

SIGNATURE: *Carol L. Bray* Carol L. Bray Date: *4/25/96* Day/One Phone #: *305 941-4616*

CR2E034 (12/95)