

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90014 047 ***150.00

DOCUMENT # **M57703**

1. Corporation Name

CARIBBEAN RESEARCH & DEVELOPMENT CORPORATION

Principal Place of Business

2737 E. OAKLAND PARK BLVD.
#202 PO DRAWER 9237
FT. LAUDERDALE FL 33310-9237
US

Mailing Address

2737 E. OAKLAND PARK BLVD.
#202 PO DRAWER 9237
FT LAUDERDALE FL 33310-9237
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1987

4. FEI Number

65-0037568

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 owes the current year Intangible

Personal Property Tax. ☐ 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

CARLON, JOHN T., JR.
2737 E. OAKLAND PARK BLVD. #202
FT. LAUDERDALE FL 33306

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVT** ☐ DELETE
NAME **CARLON, JOHN T. J**
STREET ADDRESS **2737 E. OAKLAND PARK BLVD SUITE 202**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **DP** ☐ DELETE
NAME **DAVEY, G.R.**
STREET ADDRESS **2737 E. OAKLAND PARK BLVD #202**
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE **DS** ☐ DELETE
NAME **JAMES, C.A.**
STREET ADDRESS **2737 E. OAKLAND PARK BLVD SUITE 202**
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 March 1999 (954) 782-8978
Date Daytime Phone #

0289863

CR2E034 (1/98)