# 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 # **M84082** **(0)**

1. Corporation Name

**CAROLE'S INVESTMENTS, INC.**

Principal Place of Business

775 SE SALERNO
P.O. BOX 672
STUART FL 34995-7672
US

Mailing Address

P O BOX 672
P.O. BOX 672
STUART FL 34995-0672
US

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]

3. Date Incorporated or Qualified: **06/01/1988**

3a. Date of Last Report: **06/09/1995**

4. FEI Number: **65-0026415** [ ] 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

9. **Name and Address of Current Registered Agent**

**WESTON, DAVID R.**
**845 S.E. SALERNO RD.**
**STUART FL 34997**

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 date (if applicable) (NOTE: Business Agent must be a natural person listed above) DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PD | [ ] DELETE |
| NAME | WESTON, CAROLE | |
| STREET ADDRESS | 845 SE SALERMO RD. | |
| CITY-ST-ZIP | STUART FL | |
| TITLE | STV | [ ] DELETE |
| NAME | WESTON, DAVID | |
| STREET ADDRESS | 845 SE SALERMO RD. | |
| CITY-ST-ZIP | STUART FL | |
| TITLE | D | [ ] DELETE |
| NAME | WESTON, DAVID | |
| STREET ADDRESS | 845 SE SALERMO RD. | |
| CITY-ST-ZIP | STUART FL | |
| 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 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 on an attachment with an address.

PRES.

**SIGNATURE:** Carole Weston Carole Weston 4/5/96 407-283-5032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)