

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90035 018 \*\*\*\*61.25

<b>DOCUMENT # N95000003232</b> 1. Entity Name <b>CARVEL FOUNDATION, INC.</b>					
Principal Place of Business <b>757 SE 17TH ST #417</b> <b>FT. LAUDERDALE, FL 33316 US</b>			Mailing Address <b>757 SE 17TH ST #417</b> <b>FT. LAUDERDALE, FL 33316 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0607673</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CARVEL, PAMELA</b> <b>757 SE 17TH ST, #417</b> <b>FT. LAUDERDALE, FL 33316</b>			7. Name and Address of New Registered Agent Name <b>L. CARVEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>757 SE 17 ST. #417</b> City <b>FT. LAUDERDALE</b> <b>FL</b> Zip Code <b>33316</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>3/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CARVEL ESTATE, AGNES</b> <input type="checkbox"/> Delete <b>268 RUSSELL CT., 3 WOBURN PL.</b> <b>LONDON ENGLAND WC1H 0NF,</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T. RADMIROVIC</b> <b>757 SE 17 ST. #417</b> <b>FT. LAUDERDALE, FL 33316</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>CARVEL, PAMELA</b> <b>757 SE 17TH ST, #417</b> <b>FT. LAUDERDALE, FL 33316</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CARVEL, LINDA</b> <b>757 SE 17TH ST, #417</b> <b>FT. LAUDERDALE, FL 33316</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CARVEL, CYNTHIA</b> <b>757 SE 17TH ST #417</b> <b>FORT LAUDERDALE, FL 33316</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/04</b> Daytime Phone # <b>954-524-1909</b>		

94037134



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