

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90072 026 \*\*\*\*61.25

**DOCUMENT # N96000003450**

1. Corporation Name

**CARIBBEAN CARNIVAL INTERNATIONAL, INC.**

Principal Place of Business

**5408 TOURRAINE DR.  
TALLAHASSEE FL 32308**

Mailing Address

**P.O. BOX 14871  
TALLAHASSEE FL 32317**



2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**23**  
City & State

**24**  
Zip

**25**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**28**  
City & State

**29**  
Zip

**30**  
Country

3. Date Incorporated or Qualified

**06/28/1996**

4. FEI Number

**59-3360741**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**HENRY, MARIA  
5408 TOURRAINE DR.  
TALLAHASSEE FL 32308**

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 617.0502 and 617.1508, 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 617.0503, 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 **D** ☐ DELETE

NAME **HENRY, MARIA**  
STREET ADDRESS **5408 TOURRAINE DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ DELETE

NAME **MITCHELL, MAISHA**  
STREET ADDRESS **2130 CHARTRE OAKS**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ DELETE

NAME **DOLDEON, COURTNEY**  
STREET ADDRESS **603 SHEPPARD AVENUE EAST**  
CITY-ST-ZIP **NORTH YORK, ONTARIO CA**

TITLE **D** ☐ DELETE

NAME **SIMMONDS, KEITH**  
STREET ADDRESS **5446 PEDRICK CROSSING DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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 617, 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:

*CPM Maria Henry* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/99**

**850-878-5148**

CR2E037 (11/98)