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FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P30661**

(3)

1. Corporation Name

CARROLLWOOD COMMONS, INC.



Principal Place of Business

Mailing Address

**4601 W CHARLESTON ST
SUITE 250
LAS VEGAS NV 89102
US**

**4601 W CHARLESTON
SUITE 250
LAS VEGAS NV 89102-1548
US**

3. Date Incorporated or Qualified

08/23/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

58-1873827

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

2. Principal Place of Business

2a. Mailing Address

21 **3250 N. Tenaya Way**

26 **3250 N Tenaya Way**

Suite, Apt. #, etc

22 **Suite 112**

Suite, Apt. #, etc

27 **Suite 112**

City & State

23 **Las Vegas, NV 89129**

City & State

28 **Las Vegas, NV 89129**

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **STUNKEL, SHELDON E**

STREET ADDRESS **4601 W CHARLESTON**

CITY - ST - ZIP **LAS VEGAS NV**

TITLE **VAD** ☐ DELETE

NAME **SHAPIRO, LEE A**

STREET ADDRESS **4601 W CHARLESTON**

CITY - ST - ZIP **LAS VEGAS NV**

TITLE **D** ☐ DELETE

NAME **STUNKEL, SALLY**

STREET ADDRESS **4601 W CHARLESTON**

CITY - ST - ZIP **LAS VEGAS NV**

TITLE **VP** ☐ DELETE

NAME **STUNKEL, ROBERT V**

STREET ADDRESS **4601 W CHARLESTON**

CITY - ST - ZIP **LAS VEGAS NV**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)