


FILED  
Mar 17 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <b>DOCUMENT # P30661</b>  <b>1. Corporation Name</b>  <b>CARROLLWOOD COMMONS, INC.</b> </div> <div style="font-size: 2em; font-weight: bold;">(3)</div> </div>		
<b>Principal Place of Business</b> 3250 NO TENAYA WAY STE 112 LAS VEGAS NV 89129 US		<b>Mailing Address</b> 3250 NO TENAYA WAY STE 112 LAS VEGAS NV 89129 US
<b>2. Principal Place of Business</b> 21 3085 N. Rainbow Blvd. Suite, Apt. #, etc. 22 City & State 23 Las Vegas, NV 89108 24 Zip 89108 25 Country USA	<b>2a. Mailing Address</b> 26 P.O. Box 34750 Suite, Apt. #, etc. 27 City & State 28 Las Vegas, NV 89133 29 Zip 89133 30 Country USA	
<b>9. Name and Address of Current Registered Agent</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b>  <b>1201 HAYS STREET</b>  <b>SUITE 105</b>  <b>TALLAHASSEE FL 32301</b> </div> <div style="width: 15%;">         81 Name          82 Street Address          83          84 City       </div> </div>		
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the sole owner of the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>		
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)		
<b>12. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <input type="checkbox"/> DELETE <b>STUNKEL, SHELDON E</b> <b>4601 W CHARLESTON</b> <b>LAS VEGAS NV</b>	<b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VAD</b> <input type="checkbox"/> DELETE <b>SHAPIRO, LEE A</b> <b>4601 W CHARLESTON</b> <b>LAS VEGAS NV</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>STUNKEL, SALLY</b> <b>4601 W CHARLESTON</b> <b>LAS VEGAS NV</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <input type="checkbox"/> DELETE <b>STUNKEL, ROBERT V</b> <b>4601 W CHARLESTON</b> <b>LAS VEGAS NV</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 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.

**SIGNATURE.**

3/10/98

CR2E034 (10/97)