SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996	DIVISION O	F CORPORATIONS			
DOCUMENT # P920	000015507 (6	<b>;</b> )			
CARLA, INC.			I JORALOGI HO IDUO IIRHI BRIII BRIII	Dem Beibi Hiba	: 4H4: 6HH: 86H: 164: 166:
Principal Place of Business	Mailing Address		( 162(188) the talle (Int. 64th ann	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5517 SW 69TH TERRACE	5517 SW 69TH TERRA GAINESVILLE FL 3260				
GAINESVILLE FL 32608	GAINESVILLE PL 3200	.0	3. Date incorporated or Qualified	d <b>3a.</b> Da	ite of Last Report
			12/29/1992	01/	/19/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3166784		Applied For Not Applicable
Suite Act # etc	26 Suite, Apt. #, etc.			F-7	\$8.75 Additional
Suite, Apt #, etc	27		5. Certificate of Status Desired		Fee Required
City & State	City & State		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		\$5.00 May Be Added to Fees
Z <sub>ID</sub> Country	28	Country	B. This corporation has liability for	or intangible	
ZipCountry	29	30	Florida Statutes	Yes _	] No
9. Name and Address of	Current Registered Agent	04 1	10. Name and Address of New	Registered /	Agent
BRICE, CARLA J		81 Name			- <u></u>
5517 SW 69TH TERRACE		82 Street A	ddress (P.O. Box Number is Not Accept	table)	
GAINESVILLE FL 32608		83			
		<b>84</b> City			85 Zip Code
					1 1
office or registered agent, or both, in the agent. Fam familiar with, and accept the	507.0502 and 607.1508, Florida State of Florida Such change water obligations of Section 607.0505.	atutes, the above named or as authorized by the corpor Florida Statutes	orporation submits this statement for the ration's board of directors. I hereby acc	purpose of opt the appo	changing its registered intrient as registered
office or registered agent, or both, in the agent. Fam familiar with, and accept the SIGNATURE Signature typed or praction and or trap	le State of Florida Subtroflange was a obligations of Section 607 0505  -twed agent and the Cappin dell ERS AND DIRECTORS	Florida Statutes  (txil): Respilered Agent signature to		purpose of opt the appo	D DIRECTORS IN 12
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SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96 (352) 372-7736