

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
1996



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

DOCUMENT # P93000023261 (9)

1. Corporation Name

CARIBOO INVESTMENT, INC.



Principal Place of Business

Mailing Address

207 CROWN OAKS WAY
LONGWOOD FL 32779

207 CROWN OAKS WAY
LONGWOOD FL 32779

3. Date Incorporated or Qualified

03/29/1993

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3164402

Applied For

Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

25

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAZAR, MARK
207 CROWN OAKS WAY
LONGWOOD FL 32779

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 bank of application

(NOTE: Registered Agent signature required when re-stating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME LAZAR, MARK
STREET ADDRESS 207 CROWN OAKS WAY
CITY-ST-ZIP LONGWOOD FL 32779

11 TITLE President ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

25 CITY-ST-ZIP ☐ Change ☐ Addition

26 CITY-ST-ZIP ☐ Change ☐ Addition

27 CITY-ST-ZIP ☐ Change ☐ Addition

28 CITY-ST-ZIP ☐ Change ☐ Addition

29 CITY-ST-ZIP ☐ Change ☐ Addition

30 CITY-ST-ZIP ☐ Change ☐ Addition

31 CITY-ST-ZIP ☐ Change ☐ Addition

32 CITY-ST-ZIP ☐ Change ☐ Addition

33 CITY-ST-ZIP ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

35 CITY-ST-ZIP ☐ Change ☐ Addition

36 CITY-ST-ZIP ☐ Change ☐ Addition

37 CITY-ST-ZIP ☐ Change ☐ Addition

38 CITY-ST-ZIP ☐ Change ☐ Addition

39 CITY-ST-ZIP ☐ Change ☐ Addition

40 CITY-ST-ZIP ☐ Change ☐ Addition

41 CITY-ST-ZIP ☐ Change ☐ Addition

42 CITY-ST-ZIP ☐ Change ☐ Addition

43 CITY-ST-ZIP ☐ Change ☐ Addition

44 CITY-ST-ZIP ☐ Change ☐ Addition

45 CITY-ST-ZIP ☐ Change ☐ Addition

46 CITY-ST-ZIP ☐ Change ☐ Addition

47 CITY-ST-ZIP ☐ Change ☐ Addition

48 CITY-ST-ZIP ☐ Change ☐ Addition

49 CITY-ST-ZIP ☐ Change ☐ Addition

50 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone

407-869-9923

CR2E034 (3/96)