

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # **P93000025282 (3)**

1. Corporation Name
CARYLAR INC.

Principal Place of Business
**9825-11 SAN JOSE BLVD
JACKSONVILLE FL 32257**

Mailing Address
**9825-11 SAN JOSE BLVD
JACKSONVILLE FL 32257-5489**



2. Principal Place of Business

21 **9897-7 SAN JOSE BLVD**
Suite Apt. # etc.

2a. Mailing Address

26 **9897-7 SAN JOSE BLVD**
Suite, Apt. #, etc.

22 City & State

23 **JACKSONVILLE, FL**

24 Zip Country

32223-7229

27 City & State

28 **JACKSONVILLE, FL**

29 Zip Country

32223-7229

3. Date Incorporated or Qualified

04/06/1993

3a. Date of Last Report

04/16/1996

4. FEI Number

59-3174173

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

9. Name and Address of Current Registered Agent

**BREGMAN, CARYL S. ATT
CARYLAR INC
9825-11 SAN JOSE BLVD 9897-7 SAN JOSE BLVD
JACKSONVILLE FL 32257-32223-7229**

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 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 of officer 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 **BREGMAN, C R**
STREET ADDRESS **9825-11 SAN JOSE BLVD 9897-7 SAN JOSE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32257-32223-7229**

TITLE **P** ☐ DELETE
NAME **BREGMAN, CARYL S**
STREET ADDRESS **9825-11 SAN JOSE BLVD 9897-7 SAN JOSE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32257-32223-7229**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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)