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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000042520 (5)

CARLY COMPANY, INC.

Principal Place of Business

Mailing Address

## **FILED** May 07 1997 8:00am Secretary of State



4971 OKEECHOBEE BLVD WEST PALM BEACH FL 33417		4971 OKEECHOBEE BLVD WEST PALM BEACH FL 33417-4629								
						3. Date Incorporated or Qualified 06/16/1993	3a. Date of 12/12/	1996		
2. Principal Pi	lace of Business	2a. Mailing Address	. Mailing Address			4. FEI Number		Ap	plied For	
21		26			i	65-0418922			t Applicable	
Suite, Apt 22	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	C	City & State	28			Election Campaign Financing     Trust Fund Contribution	Added to Fees			
Ζιρ <b>24</b>	Country 25	Zip <b>29</b>	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered Age	ent		
ABEI	LSON, WARREN		8	1 1	Name					
2295 SARATOGA LANE WEST PALM BEACH FL 33409					Street Addre	reet Address (P.O. Box Number is Not Acceptable)				
			6	3						
			8	4 (	City		FL '	35 Zip (	Code	
11. Pursuant office or ragent Ta	registered agent, or both, in the Sta em familiar with, and accept the obli	te of Florida. Such change was igations of, Section 607.0505, Fl	authorized orida Statut	by tr les.	ne corporatii	oration submits this statement for the p ion's board of directors. I hereby accep	ot the appoin	anging it tment as	registered registered	
				vgent i	eignature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE		PECTOE	S IN 12	
12.		ND DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFFIC		Change	Addition	
TITLE	PTD ADEL CON MADDEN			2 NAME			have			
NAME	ABELSON, WARREN					•			ļ	
STREET ADORESS	2295 SARATOGA LANE WEST PALM BEACH FL 33409			1.3 STREET ADDRESS					j	
C(IY-SI-ZIF				1.4 CITY - ST - ZIP 2.1 TITLE				Change	Addition	
THE				2.2 NAME			<u> </u>			
NAME	and the same and the same				DRESS .	€.	2			
STREET ADDRESS	LUMBER BALLA BELGAL EL BRAGO			Y-81-	1	•				
DRUF	DELETE 31				- 215		L	Change	Addition	
NAME		<b>—</b>	3.2 NAM							
STREET ADDRESS			3.3 STR		DORESS					
CITY - ST - ZIP			3.4 CIT							
TILE	☐ DELETE 4.1						L.	Change	Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STR	EET AL	DDRESS					
CHTY-ST ZIP			4.4 CITY	Y-\$T-	ZIP					
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Ciliti-ST-ZIP			5,4 CIT	Y-ST-	ZIP				<u></u>	
THEE		DELETE	6.1 TITE	.E				Change	Addition	
NAME			6.2 NAM	ΝE						
STREET ADORESS			6.3 STR	EET AI	DDRESS					
CITY-ST ZIF			6.4 CIT	Y-ST-	ZiP					

14. I do he eby 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 internal appears in Block 12 or Block 13 if charteed, or an attachment with an address.