FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90015 035 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000051545

1. Corporation Name

CARROLL PRODUCTIONS, INC.

	•									
Principal Place	of Business	Mailing Address					I êIO IOIOO IIIII OOIIA G	IIII du iii da ibi d		# # # # # # # # # # # # # # # # # # #
,		5937 ROEBUCK RD	_							
		JUPITER FL 33458				DO NOT MIDITE IN THIS SPACE				
US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
						07/21/199				
2 Principal Pi	ace of Business	2a. Mailing Address				4, FEI Number			Apı	plied For
	ace of business	26				65-04244			<u> </u>	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					•		\$8.75 A	Additional
22	.,	27				5. Certificate of	Status Desired		Fee Re	quired
City & State		City & State			6. Election Car	npaign Financing		\$5.00	May Be	
23		28	28			Trust Fund (Contribution	<u> </u>	Added to	o Fees
Zip	Country	Zip	Co	untry		8. This corpora	tion owes the curr	ent year Inta		
24	25	29	30			Personal Pro				□No
	9. Name and Address of Currer	nt Registered Agent		1-1-		10. Name and	Address of New I	Registered /	\gent	
	·			81 N	ame					
CARROLL, DEREK				82 Si	reet Addr	ress (P.O. Box Num Devonらん	ber is Not Accepta	able)		
6711 BARRINGTON DR					311	<u>Devonshi</u>	e way			
STUART FL 34997				83						
				84 C	ity 1721	7 1	C .1		85 Zip C	Code
				1 1	· pan	m beach	6 codens	<u> </u>	33	4170
11. Pursuant	to the provisions of Sections 607.050 agistered agent, or both, in the State	2 and 607.1508, Florida Stat	utes, the	shove-na	med corp	oration submits this	s statement for the ors. I hereby acce	purpose of a pt the appoir	changing its itment as reg	registered gistered
oπice or π agent. La	n familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Sta	tutes.	oo, po, a.i.		· · · · · · · · · · · · · · · · · · ·			-
SIGNATURE			_							
	Signature, typed or printed name of registered age				nature require	d when reinstating)	CHANGES TO OF	DATE SEICEDS AN	D DIRECTO	DRS IN 12
12.		ID DIRECTORS	13	ITLE		ADDITIONS	CHANGES TO OF	TIOLING AIR	Change	Addition
TITLE	PD OF DEDEK			IAME			,		,_	_
NAME	CARROLL, DEREK		1.21	OME	arec 2 1	211 Dougla	ship was	J		
STREET ADORESS	6711 BARRINGTON DR		1.33	NEEL ADD		311 Devone alm Beach	Garden	i EL	334	18
CITY-ST-ZIP	STUART FL	☐ DELETE	217	ЛТ F	10	TITL DEMEN	(0-40-6)	<u> </u>	Change	Addition
TITLE	VD	C) bearing		IAME						_
NAME	CARROLL, JOAN			TREET ADD	DESS 2	311 De 100	عياره من المدر	1/		
STREET ADDRESS	6711 BARRINGTON DR	. The sign was	. 🔻 🖓 💌	CITY-ST-ZIF		311. Devor	h Gale	ns FL	733	118
CITY-ST-ZIP	STUART FL	DELETE		MLE	172	MILL DEAL	71 00.00	<u> </u>	☐ Change	☐ Addition
TITLE	VD VAN CODDEN KATHIEEN	,		JAME						
NAME	van Gorden, Kathleen 120 Coco Ln			STREET ADD	IRESS					
STREET ADDRESS	JUPITER FL			CITY-ST-ZIF	- 1					
CITY-ST-ZIP TITLE	STD	☐ DELETE		TILE	- 				Change	Addition
NAME	SUDELL, MARY J	_	4.2	NAME						l
	17919 112TH DR N			STREET ADD	RESS					
STREET ADDRESS CITY-ST-ZIP	JUPITER FL	•		CITY-ST-ZIF						
TITLE	JUFILEN FL									
		☐ DELETE	5.1	TILE :		•			Change	☐ Addition
NAME		☐ DELETE		NAME					☐ Change	☐ Addition
NAME STREET ADDRESS:		DELETE	5.21		RESS				Change	☐ Addition
STREET ADDRESS	· .	DELETE	5.2 f 5.3 s	NAME	1	 			☐ Change	☐ Addition
		DELETE	5.2 f 5.3 5 5.4 (NAME STREET ADO	1	·			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE			5.2 f 5.3 s 5.4 f 6.1 c	NAME STREET ADO CITY-ST-ZIF	1					
STREET ADDRESS			5.2 f 5.3 s 5.4 f 6.1 f 6.2 l	VAME STREET ADO CITY-ST-ZIF TITLE						

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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

3-30-99