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FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000065093 (5)
1. Corporation Name
CARLETON HOUSE, INC.



Principal Place of Business: 1701 SOUTH 50TH STREET TAMPA FL 33619
Mailing Address: 1701 SOUTH 50TH STREET TAMPA FL 33619-7507

3. Date Incorporated or Qualified: 09/17/1993
3a. Date of Last Report: 06/11/1996

2. Principal Place of Business
21 1209 W. Kennedy Blvd.
22 Suite, Apt. #, etc.
23 Tampa, FL
24 33606
25 USA
26 1209 W. Kennedy Blvd.
27 Suite, Apt. #, etc.
28 Tampa, FL
29 33606
30 USA

4. FEI Number: 59-3201490
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
E. CARLTON CARTER
1701 SOUTH 50TH ST.
SUITE 303
TAMPA FL 33702

10. Name and Address of New Registered Agent
81 Name: STONE
82 Street Address (P.O. Box Number is Not Acceptable): 1209 W. Kennedy Blvd.
83
84 City: Tampa FL 85 Zip Code: 33606

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 to 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, E C	
STREET ADDRESS	1701 SOUTH 50TH STREET	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOYLE, DANIEL M JR	
STREET ADDRESS	14 AMBLESIDE DR.	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCAFFORY, JOHN C	
STREET ADDRESS	1222 BROOKHAVEN PARK PLACE	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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; 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 or on an attachment with an address.

SIGNATURE:  SIGNATURE REQUIRED
Date: Daytime Phone #: 0364820

CR2E034 (9/96)