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

Mailing Address

1133 OCEAN SHORE BLVD.

ORMOND BCH. FL 32176

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Zip

PROFIT CORPORATION **ANNUAL REPORT**

1999

Principal Place of Business

2. Principal Place of Business

1133 OCEAN SHORE BLVD.

ORMOND BCH. FL 32176

Suite, Apt. #, etc.

City & State

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22

23

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Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

Country

Name and Address of Current Registered Agent

25

BARTLETT, LAURENCE H

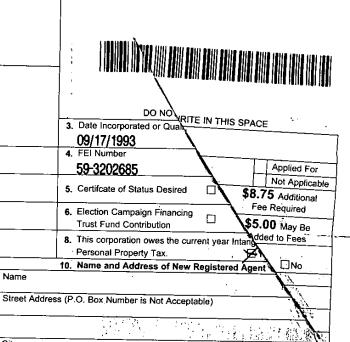
125 N. RIDGEWOOD AVE. DAYTONA BCH. FL 32114

CAROL A. JOHNSON REALTY, INC.

P93000065992

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90060 015 ***150.00



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 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.

Country

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City

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1	with the state accept the obligations of, Section 60.	7.0303, FIDN	ua Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: 6	Registered Agent signature					1
12.	. OFFICERS AND DIRECTORS	(10) E. F	13.		310111110000	DATE		:
TITLE	P	DELETE	1.1 TITLE	ADDITIONS	S/CHANGES TO	OFFICERS A		
NAME	JOHNSON, CAROL A	_	1.2 NAME				☐ Change	☐ Addition
STREET ADDRESS								
CITY-ST-ZIP	ORMOND BCH. FL		1.3 STREET ADDRESS					
TITLE		DELETE	1.4 CITY-ST-ZIP	<u> </u>	<u> </u>	·		
NAME	<u>'</u>	DELETE	2.1 TITLE				☐ Change	☐ Addition
STREET ADDRESS			2.2 NAME					
			2.3 STREET ADDRESS	·			•	Ì
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					-
	· □ t	DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME				_ ,	
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP			:		•
TITLE		ELETE	4.1 TITLE				☐ Change	Addition
NAME	•		4. 2 NAME				☐ Change	
STREET ADDRESS			4.3 STREET ADDRESS					' }
CITY-ST-ZIP			4.4 CITY-ST-ZIP					ĺ
TITLE		ELETE	5.1 Title					
NAME			5.2 NAME				Change	☐ Addition
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		ELETE	6.1 TITLE					
NAME			6.2 NAME				Change	Addition
STREET ADDRESS		į	l					
CITY-ST-ZIP			6.3 STREET ADDRESS					
14 hornby or	Alfa Ala Ala San Caranta		6.4 CITY-ST-ZIP				٠.	

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol A. Johnson, President 2/1/99

904/441-1443