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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000066641 (0)

CARA I	DEVELOPMENT, INC.						
Principal Place	e of Business	Mailing Address				- 3 10011000 (IIO 14100 IIIII @ATHT OBHIS OOHII OOIS	E OMIN OMMA ONNI DIEGO NON INDI
877 EXECUTIVE CENTER DRIVE WEST STE 303 ST. PETERSBURG FL 33702 877 EXECUTIVE CENTER DRIVE WEST STE 303 ST. PETERSBURG FL 33702					DO NOT WRITE IN TH	HIS SPACE	
L						09/24/1993	
2. Principal Place of Business 2a. Mailing Address 25			ss			4. FEI Number	Applied For Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			lc.			59-3202722	\$8.75 Additional
27						5. Certificate of Status Desired	Fee Required
City & State	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country Zip C 25 29 30		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 2 Yes		
	9. Name and Address of Curr					10. Name and Address of New Register	red Agent
MA	SCARA, ERNEST L			81 N	lame		
877 EXECUTIVE CENTER DRIVE WEST			82 9	treet Addre	ass (P.O. Box Number is Not Acceptable)		
STE. 303				83			
ST. PETERBURG FL 33702				83			
				1 1	ity		EL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered:	agent and title it applicable				oration submits this statement for the purpos on's board of directors. I hereby accept the ad when reinstating)	TE
12.		AND DIRECTORS	75	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS	
TITLE	— <u> </u>		1.1 TITLE			Change Addition	
NAME STREET ADDRESS	Anning, Ray 40 Lesley Lane		1.2 NAME 1.3 STREET ADDRESS		onten		
CITY-ST-ZIP	OLDSMAR FL		1.4 CITY-ST-ZIP		1		
TITLE			2.1 TITLE	- -	······································	Change Addition	
NAME			2.2 NAME				
STREET ADDRESS	FSS		2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-2	IP .			
TITLE			3.1 TITLE			Change Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADO			
CITY-ST-ZIP TITLE		DELE	1E	3.4. CITY-ST-Z	IP		Change Addition
NAME		 :	ľ	4. 2 NAME			
STREET ADDRESS				4.3 STREET ADD	RESS		
CITY-ST-ZIP				4.4 CITY - ST - Z	P		
TITLE		☐ DELE	TE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS			ĺ	5.3 STREET ADO			
CITY-ST-ZIP			7.5	5.4 CITY-ST-Z	Р		D
TITLE		☐ DELE	It .	6.1 TITLE	ł		Change Addition

14. Thereby 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 recovery 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 in an attacking it with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

3-17-98 813-78

813-789-3434

FILED

Apr 01 1998 8:00am

Secretary of State