

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000077241 (6)

1. Corporation Name  
CAROLANA RESEARCH CORPORATION



Principal Place of Business  
10571 NW 24TH STREET  
SUNRISE FL 33322

Mailing Address  
10571 NW 24TH STREET  
SUNRISE FL 33322

3. Date Incorporated or Qualified 11/08/1993 3a. Date of Last Period 01/31/1995

|   |                     |  |                                |
|---|---------------------|--|--------------------------------|
| 2. Principal Place of Business                  | 2a. Mailing Address | 4. FEI Number  | Applied For                    |
| 21  | 26                  | 65-0444180   | Not Applicable                 |
| Suite, Apt. #, etc.                             | Suite, Apt. #, etc. | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required |
| 22  | 27                  |  |                                |
| City & State                                    | City & State        | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees    |
| 23  | 28                  |  |                                |
| Zip   | Zip                 | Country  | Country                        |
| 24  | 25                  | 29   | 30                             |
| 9. Name and Address of Current Registered Agent |                     | 10. Name and Address of New Registered Agent           |                                |

NADELL, CAROL  
10571 NW 24 STREET  
SUNRISE FL 33322

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 office or 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(#33) Registered Agent signature required when reinstating

Date

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | P                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NADELL, CAROL        | 1.2 NAME  |   |
| STREET ADDRESS             | 10571 NW 24TH STREET | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SUNRISE FL           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PACER, LANA          | 2.2 NAME  |   |
| STREET ADDRESS             | 10571 NW 24TH STREET | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SUNRISE FL           | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | ST                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FRANCIS, ROSEMARIE   | 3.2 NAME  |   |
| STREET ADDRESS             | 10571 NW 24TH STREET | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SUNRISE FL           | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 4.2 NAME  |   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 5.2 NAME  |   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 6.2 NAME  |   |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Rosemarie Francis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96  
Date

Daytime Phone #

CR2E034 (12/95)