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

PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

P93000083681 (5)

1.	Corporation Name	•	
	MARCAE E.	CAROLAN,	INC.

Principal Place of Business Mailing Address							40111
#1209		<b>#1209</b>	941 NO. OCEAN BLVD. 1209 1. Lauderdale fl. 33308				
US		US			<ol> <li>Date Incorporated or Qualified</li> <li>11/30/1993</li> </ol>	3a. Date of Last Report 04/25/1995	
2. Principal Pla	ce of Business	2a. Mailing A	Address			4. FEI Number 65-0459654	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State			City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Ζip	Country Zip		Country		8. This corporation has liability for intangible tax under s 199.032,		
24	25	29		30		Florida Statutes 🔀 Yes 🗌 No	
	9. Name and Address of Curre	nt Registered Ag	ent			10. Name and Address of New Ro	egistered Agent
				81	Name		
CAROLAN, MARCAE E. 2841 NO. OCEAN BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)			Θ)
#1209				83		· · · · · · · · · · · · · · · · · · ·	
FI. LAUI	DERDALE FL 33308			84	City		FL 85 Zip Code
or registere	o the provisions of Sections 607.050 ed agent, or both, in the State of Fio h, and accept the obligations of, Sec	ida. Such change i	was authorized b	ne above- y the corp	named corp oration's b	poration submits this statement for the purposard of directors. I hereby accept the appo	oose of changing its registered office pointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if anolicable	(NOTE: Re	adistered Aare	1 Signature reg	pired whon reinstating)	DATE
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	
TITLE	Р		DELETE	1. 1 TITLE			Change Addition
NAME	CAROLAN, MARCAE E			1.2 NAME			
STREET ADDRESS	COLLEGE CONTRACTOR COLLEGE COL			1.3 STREET	ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 C(TY-5	ST-ZIP		
TITLE			DELETE	2 1 TITLE			Change Addition
NAME				2 2 NAME			
STREET ADDRESS				2 3 STREET	ADDRESS		
CITY - ST- ZIP				24 CiTY-5	ST-ZIP		
Ťr7LF			DELFTE	3 1 TITLE			Change Addition
NAME				3 2 NAME			
STREET ADDRESS				33 STREE	T ADDRESS		
CITY - ST - ZIP				3.4 CITY - 5	ST-ZIP		
TITLE			DELETE	4.1 TITLE			Change Addition
NAME				4.2 NAME			
STHEET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY - S	ST - ZIP		
11716			DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY - 9	ST - ZIP		
11TLE			DELFTE	6 1 TITLE			☐ Change ☐ Addition
NAME				6 2 NAME			
STREET ADDRESS				6 3 STREET	ADDRESS		
CITY-ST-ZIP				6.4 CITY - 9	IT - ZIP		
1.1 Ldo barabi	codify that the information eupplied	with this filma is us	duntarily furnished	d and doe	e not availi	for the exemption stated in Section 119 (	17/21/b) Elorida Statutos I further

4. 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: MARCHES DE PRINTED NAME OF SIGNING OFFICER OR DIRECTO

March 31, 1996 954-537-5377

R2E034 (12/95)