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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

OCUMENT #

P93000086930

SAN CAROL BUILDING, INC. Mailing Address incipal Place of Business IOI N. FEDERAL HWY. 865 DOVER ST **BOCA RATON FL 33487** OCA RATON FL 33487 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/21/1993 2a. Mailing Address 4. FEI Number Applied For Principal Place of Business Not Applicable 65-0461848 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution Zip Country Country Zio 8. This corporation owes the current year ☐ No Yes Intangible Personal Property. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STETSON, CAROL ANN Street Address (P.O. Box Number is Not Acceptable) 82 **856 DOVER STREET BOCA RATON FL 33487** 83 Zip Code 85 84 City 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. **SNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 1.1 TITLE Change Addition DELETE STETSON, CAROL ANN 1.2 NAME 856 DOVER STREET 1.3 STREET ADDRESS EET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP '-ST-ZIP Change Addition DELETE 2.1 TITLE 2.2 NAME ŧΕ 2.3 STREET ADDRESS FET ADDRESS 2.4 CITY-ST-ZIP. '-ST-ZIP 3.1 TITLE Change Addition DELETE 3.2 NAME ۱E 3.3 STREET ADDRESS EET ADDRESS 3.4 CITY-ST-ZiP '-ST-ZiP DELETE 4.1 TITLE Change Addition 4.2 NAME ÌΕ 4.3 STREET ADDRESS FET ADDRESS 4.4 CITY-ST-ZIP -ST-ZIP 5.1 TITLE Change Addition \_\_\_ DELETE 5.2 NAME BET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZiP -ST-ZIF

6.4 CITY-ST-ZIP 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 officer or director of the corporation to the 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 to the 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 to the 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 to the certific that it is not that the information indicated on the certific that it is not 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 to the certific that it is not accurate an oath of the certific that it is not accurate an oath of the certific that it is not accurate an oath of the certific that it is not accurate an oath of the certific that it is not accurate an oath of the certific that it is not accurate an oath of the certific that it is not accurate an oath of the certific that it is not accurate an oath of the certific that it is not accurate an oath of the certific that it is not accurate an oath of the certific that it is not accurate an oath of the certific that it is not accurate an oath of the certific that it is not accurate an oath of the certific that it is not accurate an in Block 12 or Block

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

**IGNATURE:** 

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**SET ADDRESS** 

Change Addition

(2/99)CR2E034

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July 1, 1999

Division Of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, Fl. 32303-1500

Re: 1999 Profit Corporation Annual Report Filings

To Whom It May Concern:

For two years in a row now, I have not received the above mentioned report! I just received a 2nd Notice, so as I did last year, I called to inquire how this problem can be corrected. I want to pay my obligations when due...I do not like getting late notices. Last year I spoke with a young lady..today I spoke with Ed in the Public Inquiry Section. He advised me to send this letter on to your department so this will hopefully not happen again.

Please try to correct this problem for me.

Sincerely,

Carol Ann Stetson, President/Owner

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