

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

CORPORATION
ANNUAL REPORT
1995



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

SECRET FILED
DIVISION OF CORPORATIONS
95 FEB 22 2:10 PM '95

DOCUMENT # P93000086998 (O)

1. Corporation Name
CARROLLA, INC.

Principal Place of Business

P. O. BOX 11434
FT. LAUDERDALE FL 33339
US

Mailing Address

P. O. BOX 11434
FT. LAUDERDALE FL 33339
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/21/1993

3a. Date of Last Report 04/06/1994

4. FEI Number 61-1084207
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

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 of person named in Block 9, and Block 10, if applicable)

(Block 10 Registered Agent signature required when filing Block 10)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME
D EARING, DIANNE
12 STREET ADDRESS
P. O. BOX 11434 N/A
13 CITY, ST, ZIP
FT. LAUDERDALE FL
14 NAME
15 STREET ADDRESS
16 CITY, ST, ZIP
17 NAME
18 STREET ADDRESS
19 CITY, ST, ZIP
20 NAME
21 STREET ADDRESS
22 CITY, ST, ZIP
23 NAME
24 STREET ADDRESS
25 CITY, ST, ZIP
26 NAME
27 STREET ADDRESS
28 CITY, ST, ZIP
29 NAME
30 STREET ADDRESS
31 CITY, ST, ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is, voluntarily furnished and does not qualify for the exemption stated in Section 199.07(2)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect and I make 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 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of a filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF FILING OR DIRECTOR

DIANNE EARNING

2/15/95

305
461-8139