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

APPROVED AND FILED
96 MAY -1 AM 6:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001584 (9)**

1. Corporation Name
CARMAL BROKERAGE, INC.

Principal Place of Business
207 RIDGE DR
SANFORD FL 32773

Mailing Address
207 RIDGE DR
SANFORD FL 32773

3. Date Incorporated or Qualified: 12/29/1993
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3217882 — 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

9. Name and Address of Current Registered Agent
COLBERT, WILLIAM L
200 W 1 ST
SUITE 22
SANFORD FL 32771

10. Name and Address of New Registered Agent
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 officer or director of the corporation — Signature of Registered Agent (if applicable) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALBERT, CARMEN M	1.2 NAME	
STREET ADDRESS	207 RIDGE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	
TITLE	VSD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	SOUCY, CARRIE A	2.2 NAME	
STREET ADDRESS	1817 S SUMMERLIN AVE	2.3 STREET ADDRESS	205 Ridge Drive
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	Sanford, FL 32773
TITLE	TD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	SOUCY, GERALD	3.2 NAME	
STREET ADDRESS	1817 S SUMMERLIN AVE	3.3 STREET ADDRESS	205 Ridge Drive
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	Sanford, FL 32773
TITLE	D ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	CYR, JOYCE	4.2 NAME	Cyr, Joyce M.
STREET ADDRESS	200 MELISSA CT	4.3 STREET ADDRESS	924 S. Pine Ridge Circle
CITY-ST-ZIP	LAKE MARY FL	4.4 CITY-ST-ZIP	Sanford, FL 32773
TITLE	CFOM ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ALBERT, EVERETT F	5.2 NAME	
STREET ADDRESS	15 COLLEGE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHINGTON CT	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: Joyce M Cyr Director — 4/30/96 — 407-322-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joyce M. Cyr Director