

• FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT • CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000001584 (9)**

1. Corporation Name  
**CARMAL BROKERAGE, INC.**



Principal Place of Business <b>207 RIDGE DR SANFORD FL 32773</b>	Mailing Address <b>207 RIDGE DR SANFORD FL 32773-4740</b>
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/29/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3217882</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	30. Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>COLBERT, WILLIAM L 200 W 1 ST SUITE 22 SANFORD FL 32771</b>				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b>	1.1 TITLE	<b>VICE PRESIDENT/DIRECTOR</b>
NAME	<b>ALBERT, CARMEN M</b>	1.2 NAME	<b>ALLEN J. ALBERT</b>
STREET ADDRESS	<b>207 RIDGE DR</b>	1.3 STREET ADDRESS	<b>207 Ridge Drive</b>
CITY-ST-ZIP	<b>SANFORD FL</b>	1.4 CITY-ST-ZIP	<b>SANFORD, FL 32773</b>
TITLE	<b>VSD</b>	2.1 TITLE	<b>SECRETARY/DIRECTOR</b>
NAME	<b>SOUCY, CARRIE A</b>	2.2 NAME	
STREET ADDRESS	<b>205 RIDGE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	3.1 TITLE	
NAME	<b>SOUCY, GERALD</b>	3.2 NAME	
STREET ADDRESS	<b>205 RIDGE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>CYR, JOYCE</b>	4.2 NAME	
STREET ADDRESS	<b>924 S. PINE RIDGE CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 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*

*Allen J. Albert*

CR2E034 (9/96)