

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000001615
1. Corporation Name
CARMY ENTERPRISES, INC.

Principal Place of Business Mailing Address
5001 Haywood Ruffin Rd. 5001 Haywood Ruffin Road
St. Cloud, FL 34771 St. Cloud, FL 34771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12-29-93 3a. Date of Last Report

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2b. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 65-0460744 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

**Swart, Harry J.
717 East Oak Street
Kissimmee, FL 34744**

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 registered agent and title if applicable)

(Not to be signed by registered agent when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P/S	1.1 TITLE	☒ Change ☐ Addition
NAME	Carlos Cardama	1.2 NAME	
STREET ADDRESS	7500 Collins Avenue	1.3 STREET ADDRESS	5001 Haywood Ruffin Road
CITY, ST, ZIP	Miami Beach, FL 33141	1.4 CITY, ST, ZIP	St. Cloud, FL 34771
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	100001481241
STREET ADDRESS		2.3 STREET ADDRESS	-05/09/95--01110--007
CITY, ST, ZIP		2.4 CITY, ST, ZIP	****200.00 ****200.00
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

5/1/95 *MS*

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: *Carlos Cardama*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-28-95
Date

Signature (typed or printed name of registered agent and title if applicable)