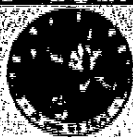


**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020820 (4)

1. Corporation Name

C.A. CARMEAN, INC.

Principal Place of Business

Mailing Address

**5241 110TH AVE. NORTH
ROYAL PALM BEACH FL 33411**

**5241 110TH AVE. NORTH
ROYAL PALM BEACH FL 33411**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/14/1994

4. FEI Number

65-0472231

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

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

9. Name and Address of Current Registered Agent

**CARMEAN, CLARISSA A
5241 110TH AVE. NORTH
ROYAL PALM BEACH FL 33411**

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 607.0612 and 607.1106, 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12a. TITLE

12b. NAME

12c. STREET ADDRESS

12d. CITY, ST., ZIP

**D
CARMEAN, CLARISSA A
5241 110TH AVE. NORTH
ROYAL PALM BEACH FL 33411**

12e. TITLE

12f. NAME

12g. STREET ADDRESS

12h. CITY, ST., ZIP

**D
CARMEAN, CODY D
5241 110TH AVE. NORTH
ROYAL PALM BEACH FL 33411**

12i. TITLE

12j. NAME

12k. STREET ADDRESS

12l. CITY, ST., ZIP

12m. TITLE

12n. NAME

12o. STREET ADDRESS

12p. CITY, ST., ZIP

12q. TITLE

12r. NAME

12s. STREET ADDRESS

12t. CITY, ST., ZIP

12u. TITLE

12v. NAME

12w. STREET ADDRESS

12x. CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(a), Florida Statutes. Further, I certify that the information indicated on this annual report or supplementary 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 on Block 12 or Block 13 of this report or on an alternate form with an address.

SIGNATURE:

C.A. Carmean **C.A. CARMEAN**

4/28/95

407-798-8246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number