

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 01 1998 8:00am  
Secretary of State

DOCUMENT # P94000023717 (9)

1. Corporation Name

CAROLINE STREET DEVELOPMENT CORP.

Principal Place of Business

245 FRONT ST  
KEY WEST FL 33040  
US

Mailing Address

P O BOX 4727  
PORTSMOUTH NH 03802  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1994

4. FEI Number

65-0480069

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 1000 Market St

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

31

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WALSH, MARK  
STREET ADDRESS 1100 LINTON BLVD STE C9  
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

NAME WALSH, MICHAEL  
STREET ADDRESS 1100 LINTON BLVD STE C9  
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

NAME WALSH, WILLIAM  
STREET ADDRESS ONE CATE ST STE 3  
CITY-ST-ZIP PORTSMOUTH NH

TITLE ☐ DELETE

NAME MCMURRAIN, THOMAS T  
STREET ADDRESS 1100 LINTON BLVD STE C9  
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

NAME CRITCHFIELD, RICHARD H  
STREET ADDRESS 1100 LINTON BLVD STE C4  
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

2/17/98

CR2E034 (10/97)