

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 14 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047074 (7)

1. Corporation Name
CARMCO, INC.

Principal Place of Business
~~400 SAILBOAT CIRCLE~~
FT. LAUDERDALE FL 33326

Mailing Address
~~400 SAILBOAT CIRCLE~~
FT. LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/20/1994

3a. Date of Last Report

4. FEI Number
65-0516284

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

7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 16614 Saddle Club Rd
Suite, Apt. #, etc.

2a. Mailing Address
26 603 Hamilton Rd
Suite, Apt. #, etc.

City & State
23 FT. LAUDERDALE, FL

City & State
28 S. Orange, New Jersey

Zip
24 33326

Country
25 Broward

Zip
29 07029

Country
30 USA

9. Name and Address of Current Registered Agent

HENDERSON, GLENN C
4431 SW 64 AVE., STE. 119
DAVE FL 33314

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
D ADISSON, CARMEN
STREET ADDRESS
603 HAMILTON RD.
CITY - ST - ZIP
S. ORANGE NJ 07079

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME
D ADISSON, LECLERC
STREET ADDRESS
603 HAMILTON RD.
CITY - ST - ZIP
S. ORANGE NJ 07079

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 checked, on an attachment with an address.

SIGNATURE: X

LECLERC ADISSON 3/09/95

Typed or printed name of signing officer or director

Date

Signature Number