

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000052566 (4)**

1. Corporation Name

F & J CARTER CORPORATION



Principal Place of Business

**6100 S.W. 8TH CT.
PLANTATION FL 33317**

Mailing Address

**6100 S.W. 8TH CT.
PLANTATION FL 33317**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

07/14/1994

3a. Date of Last Report

05/01/1995

4. FLE Number

65-0506346

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

10. Name and Address of New Registered Agent

**SHEPARD, LESKAR & LEVINE, P.A.
409 S.E. 7TH ST.
FT. LAUDERDALE FL 33301**

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 of registered agent (if registered agent is not the corporation)

Signature of Registered Agent (signature required for registration)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	☐ DELETE
1. NAME PT CARTER, JACK	
2. STREET ADDRESS 6100 S.W. 8TH CT.	
3. CITY-STATE-ZIP PLANTATION FL	
4. NAME	☐ DELETE
5. STREET ADDRESS	
6. CITY-STATE-ZIP	☐ DELETE
7. NAME	☐ DELETE
8. STREET ADDRESS	
9. CITY-STATE-ZIP	☐ DELETE
10. NAME	☐ DELETE
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ DELETE
13. NAME	☐ DELETE
14. STREET ADDRESS	
15. CITY-STATE-ZIP	☐ DELETE
16. NAME	☐ DELETE
17. STREET ADDRESS	
18. CITY-STATE-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change	☐ Addition
1. TITLE		
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	☐ Change	☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE	☐ Change	☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE	☐ Change	☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE	☐ Change	☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-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 supplement to 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 member 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, unchanged, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Carter
JACK CARTER

1/26/96

Date

584-1374

De/Ink Phone #

CR2E034 (12/95)