

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED

Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P94000059181 (5)

1. Corporation Name  
THOMAS & CARSWELL, INC.

Principal Place of Business

17953 NW 40TH CT  
MIAMI FL 33055

Mailing Address

P.O. BOX 551755  
MIAMI FL 33055  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1994

4. FEI Number

65-0523430

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 1400 NW 143 Street

Suite, Apt. #, etc.

22

City & State

23 N. Miami, FL

Zip

24 33167

Country

25 USA

2a. Mailing Address

26 SAME As Above

Suite, Apt. #, etc.

27 P.O. Box 551755

City & State

28 MIAMI, FL

Zip

29 33055

Country

30 USA

9. Name and Address of Current Registered Agent

CARSWELL-THOMAS, PHYLLIS  
17953 NW 40TH CT  
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name  
Carswell-Thomas, Phyllis

82 Street Address (P.O. Box Number is Not Acceptable)

1400 NW 143 Street

83

84

City North Miami

FL

85 Zip Code

33167

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/5/98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CARSWELL-THOMAS, PHYLLIS

STREET ADDRESS % 17935 NW 40TH CT

CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME THOMAS, FRANKLIN J

STREET ADDRESS % 17935 NW 40TH CT

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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: *[Signature]* Phyllis Carswell-Thomas 305-688-1999

CR2E034 (10/97)