Applied For

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P94000059181

1. Corporation Name

THOMAS & CARSWELL, INC.

Mailing Address Principal Place of Business 1400 NW 143 ST P.O. BOX 551755 N MIAMI FL 33167 MIAMI FL 33055 US 2. Principal Place of Business 2a. Mailing Address

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90128 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/09/1994 4. FEI Number

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9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes. 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-mand corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes, the above-mand corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes, the above-mand corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes, the above-mand corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a series of the purpose of changing its registered agent. I am familiar with a series agent agent and accept the appointment as registered agent. I am familiar with a series agent agent and accept the appointment as registered agent. I am familiar with a series agent agent agent and accept the appointment as registered agent. I am familiar agent		Country	120,		, , , , , , , , , , , , , , , , , , , 	Cou	intry		8. This corporation owes the curr	rent vear Inta	angible	
9. Name and Address of Current Registered Agent CARSWELL-THOMAS, PHYLLIS 1400 NW 143 ST N MIAMI FL 33167 82 Street Address (P.O. Box Number is Not Acceptable) 83 Ba City FL 85 Zip Code 111 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named 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 DELETE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 24. OFFICERS AND DIRECTORS 15. TITLE DELETE 15. TITLE CARSWELL-THOMAS, PHYLLIS 15. TITLE	A .	25	29		33055	30	•		1	·		₩ No
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. It work corporation submits this statement for the purpose of changing its 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, and annitiar with, and accept the obligations of, Section 607.6505, Florida Statutes. SIGNATURE								Name				
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indicated as this gazuel report as supplemental appeal is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an	14. 1 hereby r	Legistry that the information supplied with	this f	iling does s	not qualify fo	r the exe	mptic	on stated in S	ection 119.07(3)(i), Florida Statutes.	I further cer	tify that the	information

officer or director of the corporation or the receiver or trustee empowered 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 all achment with an address, with all other like empowered.

SIGNATURE: