May 10, 1999 8:00 am Secretary of State

05-10-1999 90102 029 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporation C-A-R- III		082708	-			
Principal Place	e of Business	Mailing Address		i idilitaat tin statt atdre anter anter anter anter anter anter anter	'1 18516 (FB1) 18811 B	812† 1611 (Ba)
320 10TH ST LAKE PARK FL 33403 US		320 10TH ST LK PARK FL 33403 US		DO NOT WRITE IN THI	S SPACE	
				3. Date Incorporated or Qualifed 11/10/1994		
9 Driveinal D	ace of Business	2a. Mailing Address		4, FEI Number	Anr	olied For
	ace of Eddinices	26		65-0473396		Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 A	
22	-	27		5. Certificate of Status Desired	Fee Rec	uired
City & State	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year la	ntangible	
24	25	29	30	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent	
500	0 01 MDE E		81 Name			
ROSS, CLAIRE E 949 BROADWAY			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
RIVIERA BEACH FL 33404			83 -77	1074		
			1320	10= 21.		
			84 City / 1	AKG PANK FI	85 Zip C	703
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	thorized by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the appear	of changing its r pintment as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title of applicable (NOTE: I	Registered Agent signature require	od when reinstating) DATE		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	ROSS, CLAIRE E		1.2 NAME			
STREET ADDRESS	539 E. REDWOOD DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE PARK FL		1.4 CITY-ST-ZIP			İ
TITLE	VTS	☐ DELETE	2.1 TITLE		Change	Addition
NAME .	ROSS, MARY R		2.2 NAME			
STREET ADDRESS	539 E REDWOOD DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE PARK FL		2.4 CITY-ST-ZIP	·		
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			- Addition
TITLE		☐ D€LETE	5.1 TITLE 5.2 NAME		☐ Change	☐ Addition
NAME						I
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition
TITLE		☐ nere i.e	6.2 NAME			

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NG OFFICER OR DIRECTOR