

**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 # P94000093131 (8)**

1. Corporation Name

**S.W. CARSON CONSULTING, INC.**



Principal Place of Business

**1580 HARBORSIDE DR.  
FT. LAUDERDALE FL 33326**

Mailing Address

**1580 HARBORSIDE DR.  
FT. LAUDERDALE FL 33326**

3. Date Incorporated or Qualified  
**12/22/1994**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

21 **11859 NW 11th Place**

Suite, Apt. #, etc.

22

23 **Coral Springs, FL**

Zip

24 **33071**

Country

25 **USA**

2a. Mailing Address

26 **11859 NW 11th Place**

Suite, Apt. #, etc.

27

28 **Coral Springs, FL**

Zip

29 **33071**

Country

30 **USA**

4. FEI Number

**65-0537789**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**CARSON, SUSAN W  
1580 HARBORSIDE DR.  
FT. LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent

81 Name **CARSON, Susan W.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**11859 NW 11th Place**  
83  
84 City **Coral Springs** **FL** 85 Zip Code **33071**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P CARSON, SUSAN W.**  
STREET ADDRESS **1580 HARBOURSIDE DR.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **V CARSON, WILLIAM H.**  
STREET ADDRESS **1580 HARBOURSIDE DR.**  
CITY-ST-ZIP **FT. LAUDERDALE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**11859 NW 11th Place  
Coral Springs, FL 33071**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**11859 NW 11th Place  
Coral Springs, FL 33071**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/96**

**30754340**

Date

Daytime Phone #

CR2E034 (12/95)