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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham +

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500000205 (1)
CAROLINKA, INC.

APPROVED
AND
FILED

CECHETANY OF STATE TALLAMASSOL, FLORIDA



BOAS IN HWY ATA INDIALANTIC FL 32803		2045 N HWY A1A Indialantic FL 32803-2514					
					3. Date Incorporated or Qualified 01/01/1995	3a. Date of La 05/01/199	st Report
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			APPLIED FOR 69-31	94070	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.					5 Additional
22		27			5. Certificate of Status Desired		Required
City & Stat	to	City & State			6. Election Campaign Financing	\$5.	00 May Be
23		28			Trust Fund Contribution		led to Fees
Zip	Country	Zip	Count	r y	8. This corporation has liability for i	ntangible tax und	ers 199 032.
24	25	29	30			Yes 🗌 No	,
	9, Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	jistered Agent	
	iey, richard n		8	1 Name			
2045 N HWY A1A				82 Street Address (P.O. Box Number is Not Acceptable)			
IND	ALANTIC FL 32903			SI GOLAGO	ress (r.o. box number is not Acceptan	le)	
	•		B	3			
			8	4 City		FL 85 2	ip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508, Florida Si	tatules, the abo	ve-named cor	poration submits this statement for the or		on its registered
office or i	registered agent, or both, in the Sta	ite of Florida, Such change v	vas autnorized l	by the corpora	poration submits this statement for the patients board of directors. I hereby accept	the appointment	as registered
	am familiar with, and accept the obl	igations of, Section 607.0505	o, Florida Statut	28.			
SIGNATURE	Signature, typed or pented name of registered	agond and title d portly style	(NIC)TE Duo planed A	Control of the second	red when renstating)	;;	
12.		ND DIRECTORS	13.	geni signature nego	ADDITIONS/CHANGES TO OFFIC	DATE	IODS IN 12
TITLE	D	DELETE			ADDITIONS/CHANGES TO OFFIC	Chan	
NAME	BANEY, RICHARD N		1.2 NAMI				ge LI Addition
STREET ADDRESS	2045 N HWY A1A						
	INDIALANTIC FL 32903			1 ADDRESS			
CHY-ST-ZIP	D	□ DUETE	14 CITY	ST-ZIP			
	DANEY CARCUMITY					Chan	• —
NAME	2045 N HWY A1A		2.2 NAME	-	9000022	24689	
STREET ADDRESS	INDIALANTIC FL 32903			1 ADDRESS	-07/24/	9701084	 020
CITY-ST-ZIP	INDIALANTIC FL 32903		2 4 CITY	S1 ZIF	9000022 -07/24/ ****16	5 UU ###	*165 100_
TITLE]	DELETE	31 THTLE			Chan	ge == [] Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	I ADDRESS			
CITY - ST - ZIP			3.4 CHY	ST-ZIP			
TITLE	DELETE 4.1		4.1 1171.8			☐ Chan	ge 🔲 Addition
NAME			4. 2 NAM				
STREET ADDRESS			4.3 STREI	1 ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE .		DELETE	5.1 TITLE			Chang	ge Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREE	1 ADDRESS			
CITY-ST-ZIP			5.4 C/TY-				
TITLE		DELETE	6.1 Trile	01-211		Chan	a Addition
NAME			6.2 NAME			ار ر	y D'AGOILIOIT
STREET ADDRESS			1	1 ADDECCO		1.50	M'D' I
				1 ADDRESS		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<i>ነ</i> ነር፣ `
CITY-ST-ZIP	<u> </u>		6.4 CITY -	S1 - Z(P		' V	

14. I do 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 eath; 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.

CICMATURE.