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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000002226 (5)

CARIMAR & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3474 N UNIVERSITY DR., SUITE 392

3474 N UNIVERSITY DR., SHITE 392

## **FILED** Apr 24 1998 8:00am Secretary of State



754.971.7527

SUNRISE FL 33351				SUNRISE FL 33351				DO NOT WRITE IN THIS SPACE					
							ŀ	3. Date Incorporated or Qualified					
									01/09/1995				
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Α	pplied For		
21 5740 LAKESIDO DR				26 5740 LAK-Side 04.				65-0543168		N	lot Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional		
2 303				27 303				a. Continuate of States Desired		Fee F	tequired		
City & State	Reat 6	City & State	MARCATE FL				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees			
Zip		Country	28	Zıp		Countr			8. This corporation owes or has p				
24 3300	63 2	5 Brows 444	29	33067	30		الإسان		Personal Property Tax due Jun	_	- '	□ No	
		ind Address of Currer	t Regis	stered Agent					10. Name and Address of New R	egistered a	Agent		
BERTELSEN, GREGORY 6495 NW 11 ST							Name						
							Street A	Addres	ss (P.O. Box Number is Not Accepte	able)			
MARGATE FL 33063							L						
						83	l.						
						84	City				<b>85</b> Zip	Code	
										<u>FL</u>			
11. Pursuant t	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												
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE .													
	Signature, typod or	printed name of registared ago					ent signature	required	when reinstating)	DATE		50.01.00	
12.		OFFICERS AN	) DIRE	DELETE	_	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change	RS IN 12 Addition	
NAME	D	CEN ODEOODV				1.2 NAME	l				Change	LJ AUGIIION	
_	DETTERDENT ON COOK												
STREET ADDRESS	6495 N.W. 11TH STREET MARGATE FL 33063					1.3 STREET ADDRESS 1.4 City-St-Zip						j	
CITY-ST-ZIP TITLE	MARUA	IE FL 33003		☐ DELETE		2.1 TITLE	ST-ZIP				Change	Addition	
NAME				U breek		2.2 NAME	1				C Ondingo	Addition	
STREET ADDRESS					1		T ADDRESS					j	
CITY-ST-ZIP						2.4 CITY-						i	
TITLE				DELETE	_	3 1 TITLE	31-211				Change	☐ Addition	
NAME						3.2 NAME	1						
STREET ADDRESS							T ADDRESS					- 1	
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TITLE				☐ DELETE	_	4.1 TITLE					☐ Change	Addition	
NAME						4. 2 NAME							
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CITY-\$1-2IP					_ [	4.4 CITY-	ST-ZIP			_			
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NAME						6.2 NAME	ľ						
STREET ADDRESS							t adoress						
CITY-ST-ZIP	<del></del>	<del>, ,</del>				6.4 CITY-							
indicated (	on this annual	I report or supplementa	J anriua	al report is true and a	ccurate	and th	at my sigr	nature	ection 119.07(3)(i), Florida Statutes. shall have the same legal effect as	if made und	der oath: th	atlam an 📗	
officer or o	director of the	corporation or the rece changed, or on an alta-	iver or	trustee empowered t	ю ехес	ute this	report as	require	ed by Chapter 607, Florida Statutes	; and that n	ny name ar	opears in	