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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 17 1997 8:00am Secretary of State

OCUMENT #	P95000005334	(4)
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CAR-LEN	GH, INC.	.,			I RÁINÍ SEAGL BRAG MHEO MHÍ BIR MÁI
Principal Place	e of Business	Mailing Address			I OFFIN TORRE DIRECT MADE WITH THE INDI
104 COUNTRY SANFORD FL 3		104 COUNTRY PLACE SAMFORD FL 32771-8502			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				01/20/1995	05/01/1996
2. Principal P	ace of Business	2a. Mailing Address		4. FÉI Number	Applied For
21		26	····	59-3306874	Not Applicable
Suite, Apt.	#, elc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8,75 Additional
[22]		City & State	·····		Fee Required
City & State	,			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
<b>23</b> Zip	Country	28 Zip	Country	<del>_</del>	
	25		30	This corporation has liability for in Florida Statutes	ntangibie tax under s. 199.032, ☑ Yes □ No
24	9. Name and Address of Curre			10. Name and Address of New Re	
WITT	TCK, GARY		81 Name		
	COUNTRY PLACE		00 00 00	TO DO NOT THE STATE OF THE STAT	1.2
	FORD FL 32771		82 Street Addr	ress (P.O. Box Number is Not Acceptab	He)
3201	FUND FC 3211 I		83		
			84 City		FL 85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	02 and 607.1508, Florida Statutes e of Florida Such change was au galions of, Section 607.0505, Flor	s, the above-named corp thorized by the corporational Statutes.	oration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered
SIGNATURE					
12.	Signature typoid or private harne of registered as	innt and title if applicable. (NOTE  ND DIRECTORS	Registered Agent signature require 13.	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PEOP AND DIPERTORS IN 12
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/OFFAINGES TO OFFICE	Change Addition
NAME	WITTICK, GARY I		1.2 NAME		
STREET ADDRESS	104 COUNTRY PLACE		1.3 STREET ADORESS		
CITY - ST - ZiP	SANFORD FL 32771		1.4 CITY-ST-ZIP		ł
TITLE	GATH OND TE GETTT	DELETE	2.1 TITLE	CALLETON CO. C.	Change Addition
NAM <del>t</del>		<del>-</del>	2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
City-\$1-2iP			2.4 CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.1 TITLE		Change Addition
NAME.			3.2 NAME		
STREET ADDRESS			3.3 SYREET ADDRESS		
CITY-SE-ZIF			3.4. CITY-ST-ZIP		
TiTLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY+S1+2iP			4.4 City-St-Zip		
TATLE		☐ DELETE	51 TITLE		Change Addition
NAMÉ			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-\$T-ZIP		
THEE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ſ
STREFT ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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, from an another with analysis.

**SIGNATURE:** 

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

418197 407-321-8685

Jayrime Phone #

R2E034 (9/96)