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 #

P95000005334 (4)

FILED Mar 13 1998 8:00am Secretary of State

CAR-L	EIGH, INC.	,) <u>18 11/84 18 18/9 18/4 18/6 18/4 </u>	DIRA BARNA ANIDA HANY ALBA ADAL
Principal Plac	e of Business	Mailing Address			
Principal Place of Business Mailing Address 104 COUNTRY PLACE SANFORD FL 32771 SANFORD FL 32771				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				01/20/1995	
	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 Cuita Ant	# ato	26		59-3306874	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		# Election Compaign Financing	i
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	d Agent
W	TTICK, GARY		81 Name		
104 COUNTRY PLACE SANFORD FL 32771			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
				<u> </u>	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nam office or registered agent, or both, in the State of Florida. Such change was authorized by the c 				oration submits this statement for the purpose	of changing its registered
agent. I a	m familiar with, and accept the obliga	itions of Section 607.0505, Flo	rida Statutes.	on a sound of directors. Thereby accept the ap	pointinent as registered
SIGNATURE					
10	Signature, typed or printed name of registered agei		Registered Agent signature require		ID DIDECTORS IN 10
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	WITTICK, GARY I	Correct	1.2 NAME		C outling C Notifical
STREET ADDRESS	104 COUNTRY PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY-ST-ZIP		
TITLE	Gran Grad I C GETT I	DELETE	2.1 TITLE		Change Addition
NAME .			2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS	•	
CITY-ST-ZIP			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		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	portific that the information and the design	th this filing does not supply to	6.4 CITY-ST-ZIP	Postion 110 07/2/// Elected Statutes Literature	portify that the information
14. I pereby o	enny mat me information supplied wit	m mis tiling goes not quality fo	r me exemption stated in S	Section 119.07(3)(i), Florida Statutes, I further c	erury toat the information. I

14. Thereby 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 changes or on an attachment with an address.

Q.

2/2/00 14-2001 7/2