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

Mailing Address

4700 HIATUS RD.

SUNRISE FL 33351

2a. Mailing Address

STE 153

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000015458

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

4700 HIATUS RD. STE 153

SUNRISE FL 33351

US

SOCH OF CARRIAGE HILLS, INC.

| 21 | | | | | 65-0559712 | | | | <u> </u> | Not Applicable | | | |
|---|--|--|---------------|-----------------------|---|-------|----------------------------------|--------------|--------------|-----------------|-------------|------------|--|
| | e, Apt. #, etc. 26 Suite, Apt. #, etc. | | | | | | Certifcate of Statu | s Desired | . 🗆 | • - | 5 Ad Req | ditional | |
| 22 | | | | | | | | <u>.</u> | | | | | |
| City & State | City & State City & State | | | | | | Election Campaig | _ | | | | lay Be | |
| 23 | 28 | | | a | | | Trust Fund Contri | | | | led to | Fees | |
| Zip | Country | Zip | _ Countr □ | у | | 8. | This corporation of | | rent year In | tangible Yes | Г |]No │ | |
| 24] | [25] | 29 30 | 0 | | | 40 | Personal Property Name and Addre | | Panistarad | | | 110 | |
| | 9. Name and Address of Current | Registered Agent | 8 | ī | Name | 10. | Name and Addre | 33 01 14644 | 10gister eu | rigoin | | | |
| GENET, BENJAMIN J. 4700 HIATUS RD. SUITE 153 SUNRISE FL 33351 | | | | | | | | | | | | | |
| | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| | | | | | 83 | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | 84 | 4 | City | | | | FL | 85 | Zip Co | ode | |
| 44 Duranant S | to the provisions of Sections 607 0502 | and 607 1508 Florida Statutes | the abov | | named como | ation | a submits this state | ment for the | | f changin | a its re | egistered | |
| 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 reinstating) DATE | | | | | | | | | | | | | |
| 12. | OFFICERS AND | | 13. | | | | ADDITIONS/CHAN | GES TO OF | FICERS A | ND DIRE | CTOR | S IN 12 | |
| TITLE | | | | 1.1 TITLE D | | | | | | Char | | Addition | |
| NAME | OCCUPANT DESCRIPTION OF | | | 1.2 NAME GE | | net | t, Benjami | n J. | | | | | |
| STREET ADDRESS | AZOO LUATUS DD. STE 450 | | | 1.3 STREET ADDRESS 47 | | 00 | Hiatus Ro | ad, Su | ite 15 | 3 | | į | |
| CITY-ST-ZIP | SUNRISE FL | | | | | | ise, FL 3 | - | | | | | |
| TITLE | | | | 2.1 TITLE | | | | | | ☐ Cha | nge | Addition | |
| NAME | | | 2.2 NAME | 2.2 NAME | | | | | | | | | |
| STREET ADDRESS | s | | | 2.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | | 2. 4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | ☐ DELETE | | | 3.1 TITLE | | | | | | Char | nge | ☐ Addition | |
| NAME | | | 3.2 NAME | | | | | | | | | | |
| STREET ADDRESS | s | | | 3.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | | 3.4, CITY-ST-ZIP | | | | | _ | | | | |
| TiTLE | | ☐ DELETE | 4.1 TITLE | | | | | | | Char | nge | ☐ Addition | |
| NAME | | | 4. 2 NAME | Ē | 1 | | | | | | | | |
| STREET ADDRESS | | | 4.3 STRE | ETAI | DDRESS | | | | | | | ì | |
| CITY-ST-ZIP | | | 4.4 CITY- | ST-2 | ZIP | | | | | | | | |
| TITLE | | ☐ DELETÉ | 5.1 TITLE | | | | | | | Char | nge | ☐ Addition | |
| NAME | | | 5.2 NAME | | | | | | | | | , | |
| STREET ADDRESS | | | 5.3 STRE | | | | | | | | | , | |
| CITY-ST-ZIP | | —————————————————————————————————————— | 5.4 CITY- | | ZIP | | | | | | | □ Addison | |
| TITLE | | ☐ DELETÉ | 6.1 TITLE | | | | | | | ☐ Chai | nge | ☐ Addition | |
| NAME | | | 6.2 NAME | | | | | | | | | | |
| STREET ADDRESS | , | | 6.3 STRE | | | | | | | | | | |
| CITY-ST-ZIP | | 11.1 - 201 - 3 | 6.4 CITY- | | | | 440.07/03/5 | da Ctatuta | I fourth an | Hift, that t | ha int | ormation | |
| 14. I hereby c indicated of officer or c Block 12 c | 14. I 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 chapter 607 an attachment with an address, with all other like empowered. | | | | | | | | | | | | |

25 Jan 99

(954) 572-9159

Daytime Phone #

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90070 031 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

02/23/1995 4. FEI Number