Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90060 038 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P95000017860

1. Corporation Name

ED CARO, INC.

LD OAIN										
Principal Place	e of Business	Mailing Add	Iress			1 18813491 (18 18181 81111 98113 83	11 <b>08</b> 111 <b>0010</b> 1 11811 1881	// IBITE BI	1111 2011 1007	
15121 AUBREY AVE. 15121 AUBREY AVE. SPRING HILL FL 34610 SPRING HILL FL 34610						DO NOT WRIT	DO NOT WRITE IN THIS SPACE			
						03/03/1995			1	
2. Principal Place of Business 2a. Mailing Addre						4. FEI Number		App	lied For	
21	•	26	26			59-3302531		Not	Applicable	
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired				
City & State	ė .	City & S	State		- v ·	6. Election Campaign Financing		.00 M		
23		28		C		Trust Fund Contribution			7	
Zip 24	Country 25	Zip 29	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.				
1	9. Name and Address of Curre	ent Registered Ag	ent			10. Name and Address of New R	egistered Agent			
15.12 SPR 11. Pursuant office or r agent. I a	to the provisions of Sections 607.01 to the provisions of Sections 607.01 to the familiar with, and accept the obliging familiar with.	e of Florida, Such	change was authi	the abo	3 4 City  ve-named core by the corpora	rporation submits this statement for the tion's board of directors. I hereby accept	Purpose of change	na its r	ode (1.1) egistered istered	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Reg	gistered A	jent signature requi	ired when reinstating)	DATE			
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF				
TITLE	D	-	DELETE	1.1 TITLE	: [		□ Ch	ange	☐ Addition	
NAME	CARO, EDMUND			1.2 NAM	<b>.</b>					
STREET ADDRESS	15121 AUBREY AVE.			1.3 STR	ET ADDRESS					
CITY-ST-ZIP	SPRING HILL FL 34610			1.4 CITY	-ST-ZIP					
TITLE			☐ DELETE	2.1 TITLE	:		□ Ch	ange	Addition	
NAME				2.2 NAM	E					
STREET ADDRESS	 			2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	·			2.4 CITY	-ST-ZIP					
· TILE	» « « « « « « « الله الله و « المنطقة الله الله الله و « « « « « « « « « « « « « « « « « «	<del> </del>	D-DELETE	3.1 TITU			· · · · · □ ch	iange	Addition	
NAME				3.2 NAM	E					
STREET ADDRESS			]	3.3 STRI	ET ADDRESS					
CITY-ST-ZIP				3.4. CITY	-ST-ZIP					
TITLE			☐ DELETE	4.1 TITL	: I		C+	nange	☐ Addition	

CITY-ST-ZIP 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 changed, or on an attachment with appearance of the corporation 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 appearance of the corporation of the corporation or the receiver or trustee empowered.

4.2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

☐ Change

Change

☐ Addition

☐ Addition