

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Oct 07 1998 8:00am  
Secretary of State

DOCUMENT # P95000039138 (9)

1. Corporation Name  
CARIBBEAN PROPERTIES, INC.

Principal Place of Business  
6104 RAINHOLLW CT.  
TEMPLE TERRACE FL 33617

Mailing Address  
6104 RAINHOLLW CT.  
TEMPLE TERRACE FL 33617



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

GILMORE, RICARDO L  
220 SOUTH FRANKLIN STREET  
TAMPA FL 33602

3. Date Incorporated or Qualified

05/17/1995

4. FEI Number

59-3430311

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

81 Name

Evans, Audley

82 Street Address (P.O. Box Number is Not Acceptable)

6104 Rainhollw Coat.

83

84 City

Temple Terrace

FL

85 Zip Code

33617

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 DIRECTORS

TITLE PD  
NAME EVANS, ELIZABETH  
STREET ADDRESS 6104 RAINHOLLW CT.  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

DELETE

TITLE VD  
NAME EVANS, DAMION  
STREET ADDRESS 6104 RAINHOLLW CT.  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

DELETE

TITLE SD  
NAME EVANS, DARREN  
STREET ADDRESS 6104 RAINHOLLW CT.  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

DELETE

TITLE D  
NAME EVANS, LEANN  
STREET ADDRESS 6104 RAINHOLLW CT.  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

DELETE

TITLE D  
NAME EVANS, AUDLEY  
STREET ADDRESS 6104 RAINHOLLW CT.  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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 an address.

SIGNATURE:

*[Signature]*

9/30/98

813 - 899-9746

CR2E034 (5/98)