## FILE NOW: FILING FEE AFTER MAY 1 6 \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARAMENT OF STATI Sandra B. Micribam Secretary of State

ANNUAL REPORT
1996
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000053806 (2)

1. Corporation Name
CARPENTER PLUS, INC.

Principal Place of Business
2032 SW 81ST WAY
DAVIE FL 33324

2. Principal Place of Business

Available Secretary of State
DIVISION OF CORPORATIONS

Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

Secretary of State
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Available Secretary of State
DIVISION OF CORPORATIONS



	2032 SW BIST WAY DAVIE FL 33324			2032 SW 81ST WAY DAVIE FL 33324							
						3.	3. Date Incorporated or Qualified 07/10/1995		3a. Date of Last Report		
2. Principal Place of Business 11 Suite, Apt. #, etc.		2a.	2a. Mailing Address 26 Suite, Apt. #, etc. 27				4.	FEI Number	Applied		Applied For
		26						65-059881	Not Applicate		
		27						I B Contingate of Status Desired I I I I I I			75 Additional e Required
City & State			City & State				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fee		
Zip Country			Zip Country 30			This corporation has liability for intangible tax under s. 199.032,     Florida Statutes     Yes					
- 1	nd Address of Current	29 Regis	stered Agent	1201			10.	Name and Address of New R	legistered Ag	jent	
<u> </u>			, <del>2</del>		81	Name					
BASANTA, MARY								O. Day Niyashay in Not Associate	via)		
5520 SW 164TH TE	RRACE				82	Street Add	Iress (P.	O. Box Number is Not Acceptab	леј		
FORT LAUDERDALE				,	83						
TONT ENOUGHDAG	. 1 . 00001										
					84	City			FI	85	Zip Code
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2. OFFICERS AND DIRECTO			CTORS DELETE	13.				ADDITIONS/CHANGES TO OFF		Chang	
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4. I do hereby certify that the information supplied with this riling is voluntarily furtished and does not quark for the examption sealed in section. I shall be described in the same legal effect as if made under 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: \_\_

STANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-94

370-2356