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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

# P95000064979 (4)

**DOCUMENT** # 1. Corporation Name

CARRIAGE WORKS LTD., INC.

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Principal Place of Business
7712 ALTAMIRA ST
CORAL GABLES FL 33146 3-6244

Mailing Address
7712 ALTAMIRA ST
CORAL GABLES FL 33146 3 -6274

					•	3. Date Incorporated or Qualified 09/01/1995	<b>3a.</b> Da	te of Last Re	eport
2. Principal Pla	ice of Business	2a. Mailing Add	ress /			4. FEI Number		V/	Applied For
21	5/A/A	26	SIAIA			NA			lot Applicable
Suite, Apt. #	i, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zıp	30	ountry		8. This corporation has liability for Florida Statutes	intangible No	ax under s. 199.032,	
	g. Name and Address of Currer	nt Registered Agent				10. Name and Address of New I	Registered	l Agent	
				81	Name				
SIEGMEISTER, WILLIAM I 7712 ALTAMIRA ST CORAL GABLES FL 33146				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
				84	City		FI	85 Zır	Code
or register familiar wit SIGNATURE	o the provisions of Sections 607,050.  ed agent, or both, in the State of Florin, and accept the obligations of, Sec	da. Such change was	s authorized by the	sove i e corp Am	oration's boa	ration submits this statement for the purific of directors. Thereby accept the app (METSTEE)  children the states	pointment a	registered	agent. I am
12.		ID DIRECTORS	T 13	3.		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE	D	☐ DE	LETE 1	1 TITLE				Change	Addition
NAME	SIEGMEISTER, WILLIAM I			2 NAME					
STREET ADDRESS	7712 ALTAMIRA ST		13	STREE	T ADDRESS				
CITY-S1-ZIP	CORAL GABLES FL 33146			4 CITY - 9					
TITLE		☐ DE		1 Trile				Change	Addition
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CITY-ST-ZIP TITLE				1 TITLE				Change	Addition
				2 NAME					
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STREET ADDRESS				a SINEE 4 CITY -					
CITY - ST - ZIP	and it that the information auroplica	Luitti truc filica ic valu				for the exemption stated in Section 11	9.07(3)(k) 1	Florida Statu	tes I further

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

William Sugments
GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

126/96 220-9400

CR2E034 (12/95