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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000077097 (0)

1. Corporation Name

CUSTOM CARTS, INC.



Principal Place of Business

Mailing Address

~~1830 11TH STREET-~~
SARASOTA FL 34236

~~1830 11TH STREET-~~
SARASOTA FL 34236 2640

3. Date Incorporated or Qualified
09/29/1995

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 2425 17th ST
Suite, Apt. #, etc.

2a. Mailing Address

26 2425 17th ST
Suite, Apt. #, etc.

4. FEI Number
59-3342247

Applied For
Not Applicable

22 City & State

23 SARASOTA FL

27 City & State

28 SARASOTA FL

24 Zip

25 USA

29 Zip

30 FL

31 USA

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRENCH, C. TED
1750 RINGLING BLVD
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 D ☐ DELETE
NAME HASBROUCK, LUIS
STREET ADDRESS ~~1830 11TH STREET-~~
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ DELETE
NAME SAFEE, EDWARD F
STREET ADDRESS ~~1830 11TH STREET-~~
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2425 17th ST
1.4 CITY-ST-ZIP SARASOTA FL 34234

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2425 17th ST
2.4 CITY-ST-ZIP SARASOTA FL 34234

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

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

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

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

14. I do 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]
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97 (941) 963-4445
Date Daytime Phone #

CR2E034 (9/96)