

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000077208 (3)**
1. Corporation Name

CAROLE AND COMPANY PROPERTIES, INC.



Principal Place of Business: **6539 CENTRAL AVE. ST. PETERSBURG FL 33710**
Mailing Address: **6539 CENTRAL AVE. ST. PETERSBURG FL 33710**

3. Date Incorporated or Qualified: **10/02/1995**
3a. Date of Last Report
4. FEI Number: **59-3357219**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

**JOHNSON, TODD
6539 CENTRAL AVE.
- ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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]* **AS PRESIDENT** **TODD K. JOHNSON** **6-14-96**
(If the Registered Agent's signature is required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D	ZAPPALA, CAROLE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ZAPPALA, CAROLE	4950 GULF BLVD., #1007	1.2 NAME
STREET ADDRESS: 4950 GULF BLVD., #1007	ST. PETE BEACH FL 33706	1.3 STREET ADDRESS
CITY-ST-ZIP: ST. PETE BEACH FL 33706		1.4 CITY-ST-ZIP
TITLE: D	JOHNSON, TODD	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOHNSON, TODD	7219 THIRD AVE. S	2.2 NAME
STREET ADDRESS: 7219 THIRD AVE. S	ST. PETERSBURG FL 33707	2.3 STREET ADDRESS
CITY-ST-ZIP: ST. PETERSBURG FL 33707		2.4 CITY-ST-ZIP
TITLE: D	SPOHN, JIM	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SPOHN, JIM	1309 JUNGLE AVE. N	3.2 NAME
STREET ADDRESS: 1309 JUNGLE AVE. N	ST. PETERSBURG FL 33710	3.3 STREET ADDRESS
CITY-ST-ZIP: ST. PETERSBURG FL 33710		3.4 CITY-ST-ZIP
TITLE: D	KERBO, GARY	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KERBO, GARY	14261 82ND TERR. N	4.2 NAME
STREET ADDRESS: 14261 82ND TERR. N	SEMINOLE FL 34646	4.3 STREET ADDRESS
CITY-ST-ZIP: SEMINOLE FL 34646		4.4 CITY-ST-ZIP
TITLE: D	ZAPPALA, JOANNE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ZAPPALA, JOANNE	3300 N. CAMINO DE PEIDRAS	5.2 NAME
STREET ADDRESS: 3300 N. CAMINO DE PEIDRAS	TUCSON AZ 85715	5.3 STREET ADDRESS
CITY-ST-ZIP: TUCSON AZ 85715		5.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME
STREET ADDRESS:		6.3 STREET ADDRESS
CITY-ST-ZIP:		6.4 CITY-ST-ZIP

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*****225.00**

14. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ZAPPALA, CAROLE**

June 10, 1996
813 - 381-8228
City, State, Zip

CR2E034 (3/96)