

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000077208 (3)**  
1. Corporation Name  
**CAROLE AND COMPANY PROPERTIES, INC.**



Principal Place of Business <b>6539 CENTRAL AVE. ST. PETERSBURG FL 33710</b>	Mailing Address <b>6539 CENTRAL AVE. ST. PETERSBURG FL 33710-8412</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/02/1995</b>	3a. Date of Last Report <b>07/09/1996</b>
21	22	26	27	4. FEI Number <b>59-3357219</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23	24	28	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>JOHNSON, TODD 6539 CENTRAL AVE. ST. PETERSBURG FL 33710</b>				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, 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]* DATE: **1-6-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAPPALA, CAROLE			1.2 NAME			
STREET ADDRESS	4950 GULF BLVD., #1007			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETE BEACH FL 33708			1.4 CITY-ST-ZIP			
TITLE	D/P	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, TODD			2.2 NAME			
STREET ADDRESS	7219 THIRD AVE. S			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33707			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPOHN, JIM			3.2 NAME			
STREET ADDRESS	1309 JUNGLE AVE. N			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33710			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERBO, GARY			4.2 NAME			
STREET ADDRESS	14261 82ND TERR. N			4.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL 34648			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAPPALA, JOANNE			5.2 NAME			
STREET ADDRESS	3300 N. CAMINO DE PEORAS			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			

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]* AS REC. DATE: **1-6-97** DAYTIME PHONE # **813 530 5579**

CR2E034 (9/96)