

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 02 1998 8:00am
 Secretary of State

0089794

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 6539 CENTRAL AVE. ST. PETERSBURG FL 33710	Mailing Address 6539 CENTRAL AVE. ST. PETERSBURG FL 33710
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3357219
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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
KERBO, GARY
 82 Street Address (P.O. Box Number is Not Acceptable)
14261 82ND TERRACE N.
 83
 84 City
SEMINOLE **FL** 85 Zip Code
33776

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 *Gary Kerbo* **GARY KERBO** **8/27/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 33706	1.4 CITY-ST-ZIP	
TITLE	DP <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	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 checked="" 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 34646	4.4 CITY-ST-ZIP	33776
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAPPALA, JOANNE	5.2 NAME	
STREET ADDRESS	3300 N. CAMINO DE PEIDRAS	5.3 STREET ADDRESS	6621 - 8TH AVENUE NORTH
CITY-ST-ZIP	TUCSON AZ 85715	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710
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 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: *Gary Kerbo* **GARY KERBO** **8/27/98** **727-319-8706**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/98)