

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	Applied For Not Applicable
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	85 Zip Code FL 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)