


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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90008 028 ***150.00

0426258

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P95000077208

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 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|---------------------|------------------------|--------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | 8000 SEMINOLE BLVD. | 26 | 8000 SEMINOLE BLVD | 10/02/1995 | |
| Suite, Apt. #, etc. #1 | | Suite, Apt. #, etc. #1 | | 4. FEI Number | |
| 22 | | 27 | | 59-3357219 | |
| City & State | | City & State | | 5. Certificate of Status Desired | |
| 23 SEMINOLE FL. | | 28 SEMINOLE FL. | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip Country | | Zip Country | | 6. Election Campaign Financing Trust Fund Contribution | |
| 24 33772 25 USA | | 29 33772 30 USA | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation owes the current year Intangible Personal Property Tax. | |
| KERBO, GARY 14261 82ND TERRACE N SEMINOLE FL 33776 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| KERBO, GARY 14261 82ND TERRACE N SEMINOLE FL 33776 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 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 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 33776 | 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 | 6621 8TH AVENUE NORTH | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL 33710 | 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 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, with all other like empowered.

SIGNATURE: GARY KERBO DATE: 1-6-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)