


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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8000 SEMINOLE BLVD. Suite, Apt. #, etc. #1 City & State SEMINOLE FL. Zip 33772 Country USA	2a. Mailing Address 26 8000 SEMINOLE BLVD Suite, Apt. #, etc. #1 City & State SEMINOLE FL. Zip 33772 Country USA
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3. Date Incorporated or Qualified 10/02/1995	Applied For Not Applicable
4. FEI Number 59-3357219	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KERBO, GARY 14261 82ND TERRACE N SEMINOLE FL 33776	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	
TITLE	D <input type="checkbox"/> DELETE
NAME	ZAPPALA, CAROLE
STREET ADDRESS	4950 GULF BLVD., #1007
CITY-ST-ZIP	ST. PETE BEACH FL 33706
TITLE	DP <input type="checkbox"/> DELETE
NAME	JOHNSON, TODD
STREET ADDRESS	7219 THIRD AVE. S
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SPOHN, JIM
STREET ADDRESS	1309 JUNGLE AVE. N
CITY-ST-ZIP	ST. PETERSBURG FL 33710
TITLE	D <input type="checkbox"/> DELETE
NAME	KERBO, GARY
STREET ADDRESS	14261 82ND TERR. N
CITY-ST-ZIP	SEMINOLE FL 33776
TITLE	D <input type="checkbox"/> DELETE
NAME	ZAPPALA, JOANNE
STREET ADDRESS	6621 8TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG FL 33710
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 **GARY KERBO** **1-6-99** **727-319-8706**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)