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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000084791 (9)**

1. Corporation Name

CARODAN INTERNATIONAL, INC.



Principal Place of Business

**4747 NORTH OCEAN DRIVE
SUITE 227
FT. LAUDERDALE FL 33308**

Mailing Address

**4747 NORTH OCEAN DRIVE
SUITE 227
FT. LAUDERDALE FL 33308**

3. Date Incorporated or Qualified

11/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

**MANN, CARL A
4747 NORTH OCEAN DRIVE
SUITE 227
FT. LAUDERDALE FL 33308**

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

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

(Signature type for person named as registered agent and for corporation)

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

PSTD

☐ DELETE

NAME

MANN, CARL A

STREET ADDRESS

4747 NORTH OCEAN DRIVE, SUITE 227

CITY-ST-ZIP

FT. LAUDERDALE FL 33308

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

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TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL A. MANN

2/7/96 954-786-0777

Date Daytime Phone #

CR2E034 (12/95)