

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000089522 (3)

1. Corporation Name

CAROUSEL OF CAPE CANAVERAL, INC.

Principal Place of Business

7406 N ATLANTIC AVE
CAPE CANAVERAL FL 32920

Mailing Address

7406 N ATLANTIC AVE
CAPE CANAVERAL FL 32920



3. Date Incorporated or Qualified

11/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

3346973
59

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEPPEN, STEVEN P
7406 N ATLANTIC AVE
CAPE CANAVERAL FL 32920

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, typed or printed name of registered agent and title, if available.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KEPPEN, STEVEN P
5 FLORIDA AVE
COCOA FL 32922 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FOSTER, GEORGE M
56800 N BANANA RIVER BLVD UNIT 236
CAPE CANAVERAL FL 32920 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COURTNEY, STEPHEN
4465 CURTIS BLVD
COCOA FL 32927 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 that I am a shareholder, partner, or member of the corporation, or that I appear in Block 12 or Block 13, or on an attached exhibit.

I further certify that the information supplied with this filing 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 that I am a shareholder, partner, or member of the corporation, or that I appear in Block 12 or Block 13, or on an attached exhibit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
"President"

4/13/96 (407) 636-7195

CR2E034 (12/95)