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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

P96000008866 (1)

## FILED May 07 1998 8:00am Secretary of State

CAROLINE STREET MARKET, INC. Principal Place of Business Mailing Address 712 CAROLINE STREET 712 CAROLINE STREET KEY WEST FL \$3040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 65-0636862 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BROWNING, MICHAEL** 402 APPLEROUTH LANE, SUITE 10 82 Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title it applicable (NOTI Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TO LE Change Addition TITLE LEMAY, BRUCE NAME 1.2 NAME CR2E034 712 Caroline 5+ 402 APPLEROUTH LANE, SUITE 10 STREET ADDRESS 1.3 STRUET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 1.4 CITY - ST - ZIP DE LETE Change Addition 2.1 THLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-7)P TITLE DELETE 4.1 111LE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-2IP 6.4 CITY - \$1 - 7IP

4. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos. I further certify that the information indicated on this annual report of supplicmental annual reports frue and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the conforation or the receiver or tristed-empowered to execute this report as required by Chapter 677, Florida Statutos; and that my name appears in Block 13 of chapter or an attachment vitil by a didress.

Block 12 or Block 13 in change of the an anatomic in unit an address

4/28/98 (305)296-839