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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010943 (4)

CARLYLE REALTY, INC.

Principal Place of Business 38 SADDLEBACK RD TEQUESTA FL 33469		Mailing Address	Mailing Address 38 SADDLEBACK RD TEQUESTA FL 33469-1560		- 1991-1981 116-30-110 AVIII BRIII 98154 88311 80401 31811 8815-3-10411 81808 VIII 4885	
TEQUESTA FL	33409	TEQUESTA PL 3040	F1300			
				3. Date Incorporated or Qualified 02/05/1996	3a. Date of Last Report	
2. Principal P	lace of Business	2a. Mailing Address	3	4. FEI Number	Applied For	
21		26		<u>(5-063950</u> 3		
Suite, Apt	#, etc	Suite, Apt. #, et	C.		€0.7E 1.44%1	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032.	
24	25	29	30	Florida Statutes	☐ Yes ☐ No	
	9. Name and Address of (Current Registered Agent		10. Name and Address of New Re	egistered Agent	
SIMI	PSON, R. MASON		81 Nam	e		
38 9	SADDLEBACK RD		82 Stree	t Address (B.O. Doy Number is Not Assessed	LIA	
	UESTA FL 33469		02 51161	et Address (P.O. Box Number is Not Acceptal	DIE)	
,			83		·	
			84 City		B5 Zip Code	
					FL I I	
11. Pyrsuant	to the provisions of Sections 60	07.0502 and 607.1508, Florida	Statutes, the above-name	d corporation submits this statement for the I	ourpose of changing its registered	
agent. La	egistered agent, or book, in the m familiar with, and accept the	e State of Florida. Such change e obligations of Bection 607.056	was authorized by the o 05. Florida Statutes	orporation's board of directors. I hereby acce	pt the appointment as registered	
SIGNATURE	MAG	Pas		//	16/97	
	Signature, typical or printed name in regist	tered agent and title if applicable.	(NOTE: Registered Agent signal	ure required when reinstaling)	DATE	
12.	OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE	D /	☐ DELET	E 1.1 TITLE		Change Addition	
NAME	SIMPSON, R. MASON		1.2 NAME			
STREET ADDRESS	38 SADDLEBACK RD		1.3 STREET ADDRES	25 Saddleback Rd.		
CITY - S1 - ZIP	TEQUESTA FL 33469		1.4 CITY-ST-ZIP			
TITLE		☐ DELET			Change Addition	
NAME			2.2 NAME		· ·	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - S1 - ZIP			2 4 CITY-ST-ŽIP		-	
TITLE		DELE1			Change Addition	
NAME		No.	3.2 NAME		E Change E ROUNON	
STREET ADDRESS			3.3 STREET ADDRES	,		
CITY-ST-ZIP				'		
TITLE		DELET	3.4. CITY-ST-ZIP E 4.1 TITLE		Chance L 4 ditte	
NAME					Change Addition	
			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRES	⁵		
CITY-ST-ZIP		T see	4.4 CITY-ST-ZIP			
TITLE		☐ DELET			Change Addition	
NAME			52 NAME	1		
STREET ADDRESS			5.3 STREET ADDRESS	S		
CITY - ST - ZIP			5.4 C/TY-ST-Z/P			
TOTLE		☐ DELET	E 61 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	s I		
CHTY-ST-7IP			6.4 C(TV_ST_7IP	1		

14. I do 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 changes, or on an attachment with an address.

SIGNATURE:

IONATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 561-745-9999 Date Dayline Phone #

FILED

Feb 11 1997 8:00am

Secretary of State