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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Scoretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P96000011085** (3)

FLORIKAN-CAROLINA, INC.

Principal Place of	Business	

1523 EDGER PLACE SARASÖTA FL 34240 Mailing Address

1523 EDGER PLACE SARASOTA FL 34240-9054

## FILED Apr 23 1997 8:00am Secretary of State



4/16/67

									3. Date Incorporated or Qualified 3 02/05/1996	ia. Date	of Last R	eport	
2. Principal P	rIncipal Place of Business		28.	. Mailing Address		4. FEI Number		Ap	plied For	1			
21			26		_		65-0645251		No	t Applicable	]		
Sulte, Apt. #, etc.		27	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required						
City & State				City & State		6. Election Campaign Financing		\$5.00	May Be	1			
23				28			Trust Fund Contribution Added to Fees				1		
— Zip			Country	$\vdash$	Zip	Cou	ntry		8. This corporation has liability for inta			199.032,	
24		25		29		30			Florida Statutes X Yes No				
	<del></del>		Address of Current	Regis	stered Agent		81	Nie ee e	10. Name and Address of New Regis	tered Ag	jent		-
	enthal, e						81	Name					
	EDGER P						82 Street Address (P.O. Box Number is Not Acceptable)						1
SAR	asota fl	342	40										_
							83						1
							84	City			<b>85</b> Zip (	Code	1
										FL	<u> </u>		_
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	Claust as base	d a. A.	inted name of registered agent		Acceptance (Acceptance)	Descriptions			uited when reinstating)	DATE			
12.	Signature, types		OFFICERS AND			13.	a Agoriji	i signarare requ	ADDITIONS/CHANGES TO OFFICER		DIRECTOR	S IN 12	്
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CITY-ST-ZIP						l l	1Y-ST-						
14. I do here	by Certify tha	at the	information supplied	with t	his filing does not qualif	y for the	exen	ption state	ed in Section 119,07(3)(i), Florida Statutes. I	further c	ertify that	the	1
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 path; 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											i		