

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

FILED

Jan 22 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013772 (4)

1. Corporation Name:
CARON KAREL, INC.

Principal Place of Business

1465 S. FORT HARRISON AVENUE
SUITE 105
CLEARWATER FL 34616

Mailing Address

1465 S. FORT HARRISON AVENUE
SUITE 105
CLEARWATER FL 34616-2504

3. Date Incorporated or Qualified

02/09/1996

3a. Date of Last Report

02/09/96

4. FEI Number

59-3362074

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

21 1465 S. FORT HARRISON AVE

Suite, Apt. #, etc.

22 SUITE 105

City & State

23 CLEARWATER FL.

Zip

24 34616

Country

25 U.S.A.

2a. Mailing Address

26 1465 S. FORT HARRISON AVE

Suite, Apt. #, etc.

27 SUITE #105

City & State

28 CLEARWATER FL

Zip

29 34616

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

WALKER, MICHAEL B
1465 S. FORT HARRISON AVENUE
SUITE 105
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name WALKER, MICHAEL B

82 Street Address (P.O. Box Number is Not Acceptable)

10535 127th AVE N.

83

84 City LARGO

FL

85 Zip Code

33773

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 MICHAEL B. WALKER

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/10/97

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME EGGEING, KAREN L
STREET ADDRESS 9487 N FOREST HILLS CIRCLE
CITY-ST-ZIP TAMPA FL 33612 ☒ DELETETITLE S
NAME BAIER, CAROL
STREET ADDRESS 13872 75TH AVE N
CITY-ST-ZIP SEMINOLE FL 34846 ☒ DELETETITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME WALKER, MICHAEL B.
1.3 STREET ADDRESS 10535 127th AVE N.
1.4 CITY-ST-ZIP LARGO FL 33773 ☒ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL B WALKER 01/10/97 813-581-7790

Date

Daytime Phone: #

CR2E034 (9/96)