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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90070 047 \*\*\*150.00

DOCUMENT # P9 1. Corporation Name CARRY SERVICES, INC.						
Principal Place of Business						
4583 NW 7 PLACE DEERFIELD BEACH FL 33442	DO NOT WRITE IN THIS SPAC					
			3. Date Incorporated or Qualifed 02/16/1996			
Principal Place of Business     1	2a. Mailing Address		4. FEI Number 65-0643158			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired				
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution A			
Zip Country	Zip 29	This corporation owes the current year Intangible     Personal Property Tax.				
1=·1	ss of Current Registered Agent		10. Name and Address of New Registered Agent			
CARRY, JOHN W 644 SE 4TH AVE FT LAUDERDALE FL 3330	11	2	CARRY JOHN W Address (P.O. Box Number is Not Acceptable) 255 GLADES ROAD SUITE 324 A			
		84 City	BOCARATON FL 85			
office or registered agent or both	ions 607.0502 and 607.1508, Florida Statu in the State of Florida. Such change was put the obligations of, Section 607.0505, F	authorized by the corr	d corporation submits this statement for the purpose of changi poration's board of directors. I hereby accept the appointment			
SIGNATURE	TIW Larry	TE: Registered Agent signature	4/5/99  DATE			
	of registered agent and title if appricable. (NOT	13.	ADDITIONS/CHANGES TO OFFICERS AND DIR			
TITLE D	☐ DELETE	1.1 TITLE				
NAME CARRY, JOHN		1.2 NAME				

# 

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

□No

Yes

## WRITE IN THIS SPACE

	Assemble to the coop.	83	—		<u> </u>	<u></u>	<u> </u>				
FT LAUDERDALE FL 33301				SU ITE	324	1 A					
		84	,	BOCAR	ATON		FL	- 1 1 3	Zip Co	3L	
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.											
IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  DATE											
12.		13.		ADI	DITIONS/CH	IANGES TO	OFFICERS AN	ND DIRE	CTOR		
TITLE	D □ DELETE	.1 TITLE						☐ Cha	nge	☐ Addition	
VAME	CARRY, JOHN	.2 NAME		}							
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ITTLE		.1 TITLE						☐ Cha	nge	☐ Addition	
NAME	DAWN, CARRY	2 NAME		ĺ							
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CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2. 4 CITY-S	ST- ZIP		<u> </u>						
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NAME .	•	.2 NAME	•	-				4	•-	l	
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TITLE		5.1 TITLE						Cha	ınge	Addition	
NAME	ľ	3.2 NAME									
STREET ADDRESS	1	3.3 STREE	TADDRE	:SS							
CITY-ST-ZIP		5.4 CITY-S								_ <del></del>	
14. I hereby o	ertify that the information supplied with this filing does not qualify for the	exempt	ion sta	ated in Section 11	19.07(3)(i), F	Florida Statut	tes. I further ce	rtify that	the info	ormation	

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, with all other like empowered.

SIGNATURE:

(954)418-8181