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

DOCUMENT # P9600030496

1. Corporation Name

CARVER MANAGEMENT, INC.

Principal Place of E	Business

Mailing Address

May 05, 1999 8:00 am Secretary of State

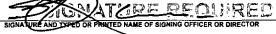
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1439 BAYTOWN DESTIN FL 325		P O BOX 1846 FT WAITON BEACH FL 326	19 -		DO NOT WRITE 3. Date Incorporated or Qualifed 04/01/1996	IN THIS SPACE	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
न न		26 348 MIRACUS	5 0	ביולה ליוש	59-3378136		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	\$8.7	5 Additional
22		27 Surca 7			5. Certifcate of Status Desired	- Fee	e Required
City & Stat		City & State			6. Election Campaign Financing	\$5.	00 May Be
23		28 LOST LACTE	~ B	ENU IL	Trust Fund Contribution		led to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current	vear Intangible	
24	25		30	۵SA	Personal Property Tax.	∑Yes	□No
	9. Name and Address of Curren				10. Name and Address of New Reg	istered Agent	
- 150 - FT. 1	/Man, raymond f Jr. Eglin Parkway, N.E Walton Beach Fl 32548-			83 SUCT 84 City FORT U	JACTON BEACH	FL 85	Zip Code 32.548
office or r agent. I a	to the provisions of Sections 607.050, egistered agent, or both, in the State m familiar with, and accept the obligation.	of Florida. Such change was aut	horized	by the corporation	oration submits this statement for the pur n's board of directors. I hereby accept the	pose of changing ne appointment a	g its registered s registered
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: F	Registered	Agent signature required	when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TI	TLE .		☐ Char	nge 🔲 Addition
NAME	CARVER, SCOTT Q		1.2 N	ME			
STREET ADDRESS			1,3 ST	REET ADDRESS			
CITY-ST-ZIP	SARALAND AL 36571		14 CI	TY-ST-ZIP			
TITLE	0.44.24.0 / 12 000 1	DELETE	2.1 7			☐ Char	nge 🗌 Addition
NAME			2.2 N	MF			
STREET ADDRESS				REET ADDRESS			
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CITY-ST-ZIP		DELETE	3.1 TI			Char	nge \ Addition
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NAME]]		3.2 N				
STREET ADDRESS				TREET ADDRESS			
C/TY-ST-ZIP			_	ITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TT	TLE		Char	nge 🗌 Addition
NAME			4, 2 N	AME	•		
STREET ADDRESS			4.3 S	REET ADDRESS			
CITY-ST-ZIP	_		4.4 CI	TY-ST-ZIP			
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NAMÉ			5.2 N	ME			
STREET ADDRESS		9	5.3 ST	REET ADDRESS			
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CITY-ST-ZIP		☐ DELETE	6.1 17			[] Char	nge
			6.2 N				
NAME			1				
STREET ADORESS				REET ADORESS			
	i		■ C 4 C1	TV. CT. 7ID			

14. I 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 any trachment with an address, with all other like empowered.

SIGNATURE:



334-615-74-33