

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

**FILED**  
**Mar 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000040706 (9)**

1. Corporation Name  
**CARAMBOLA MANAGEMENT CORP.**



Principal Place of Business: **3889 CARAMBOLA CIRCLE NORTH COCONUT CREEK FL 33066-2447**  
 Mailing Address: **3889 CARAMBOLA CIRCLE NORTH COCONUT CREEK FL 33066-2447**

3. Date Incorporated or Qualified: **05/13/1996**  
 3a. Date of Last Report  
 4. FEI Number: **65-0663935**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business:  
 21 State, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 Zip Country  
 25  
 26  
 27  
 28  
 29  
 30

**9. Name and Address of Current Registered Agent**

**NAZZARO, MELBA M**  
**3889 CARAMBOLA CIRCLE NORTH**  
**COCONUT CREEK FL 33066-2447**

**10. Name and Address of New Registered Agent**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

12. OFFICERS AND DIRECTORS  
 DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP  
 DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP  
 DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP  
 DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP  
 DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change  Addition  
 1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 Change  Addition  
 2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 Change  Addition  
 3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 Change  Addition  
 4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 Change  Addition  
 5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 Change  Addition  
 6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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: *Melba M. Nazzaro* - MELBA M. NAZZARO - 3/14/97 (954) 978-0583

CR2E034 (9/96)