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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000065424 (9)

CAROLI	NA SIGNATURE ROMES, INC	Ji								
Principal Plac	e of Business	Mailing Address				1 10011001 110 10110 01111 01111 00111 00111 00111	BURNE BARBA BARA		 	
	IT ROBINSON, JR., P.A. Road - #319 atrium FL 33431	C/O BARNETT ROBINSON. JR., P.A. 2255 GLADES ROAD - #319 ATRIUM BOCA RATON FL 33431-7382								
						3. Date Incorporated or Qualified 08/06/1996	3a, Date o		'	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		X Ap	plied For	
21		26							t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$	8.75 A Fee Re	Additional Joulred	
City & Stat	le	City & State				6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution		Added t		
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for i			199.032,	
24	25 29 29 29 29 29 29 29					Florida Statutes Yes No 10. Name and Address of New Registered Agent				
		wadistatad Waant		81	Name	10. Name and Address of New He	listered Age	<u></u>		
	RNETT ROBINSON, JR., P.A. 5 GLADES ROAD		Ł							
	TE 319 ATRIUM	[1			Street Addres	dress (P.O. Box Number is Not Acceptable)				
	CA RATON FL 33431		t	83						
			-	84	City	·	85	Zip (Code	
····					•		FL			
11. Pursuant office or r	to the provisions of Soctions 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligations.	and 607 1508, Florida Statul I Florida. Such change was i	es, the ab authorized	love-	-named corpo the corporatio	pration submits this statement for the p on's board of directors. I hereby accep	urpose of cha t the appointr	nging it nent as	s registered registered	
	am familiar with, and accept the obligati	ons of, Section 607.0505, Fig	orida Statu	utes.						
SIGNATURE	Signature, lyped or printed name of registered agent	and title if applicable (NO1	E: Registered	Agen	il signature required	d when reinstating)	DATE			
12,	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTOR	S IN 12	
TITLE	Charles E. Largay		1.1 1(1)	1.1 TITLE				Change	Addition	
NAME	Pres/Director	_	1.2 NAME							
STREET ADDRESS	14574 S.W. Rake	Dr	1.3 STREET ADDRESS							
CITY-ST-ZIP	Indiantown, FL		1.4 City - ST - ZiP		- ZIP			Change	Addilion	
TITLE	,		1	2.1 TITLE 2.2 NAME			LJ	Statige	LJ AUGIIION	
NAME STREET ADDRESS	Richard Sills, Sec/Treas.				nnaree					
14074 D.M. Rake Dr			2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP						ŀ	
TITLE	Indiantown, FL	JOHOD DELETE	3 1 TITLE					Change	Addition	
NAME			3.2 NA	3.2 NAME						
STREET ADDRESS			3.3 \$16	REET A	ADDRESS					
CITY-ST-ZIP			3.4. CI		1 - ZIP		. ·			
TITLE		☐ DELETE	4.1 TITLE					Change	Addilion	
NAME			4. 2 NA						Ī	
STREET ADDRESS	Į.				ADDRESS				ţ	
CITY-ST-ZIP TITLE				4.4 DITY-ST-ZIP 5.1 TITLE				Change	☐ Addition	
NAME			5.2 NA							
STREET ADDRESS					AUDRESS				ļ	
CITY-ST-ZIP				5.4 D(TY-ST-Z)P						
TITLE	L DELETE 6			LE			Change Addition			
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 \$18	REET A	ADDRESS					

6.4 CITY - ST - ZIP 14. Ido 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.

May 12 1997 8:00am

Secretary of State