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May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra P. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96 0000682 48 1. Corporation Name CaRoB, Too, INC.			
Principal Place of Business 3410 KILLDEER PL. PALM HARBOR, FL. 34685-1228		Mailing Address SAME	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent KEVIN H. SUTTON ONE HARBOUR PLACE 777 S. HARBOUR ISLAND BLVD. TAMPA, FL. 33602-5799		10. Name and Address of New Registered Agent 81 Name BERT GRESSMAN 82 Street Address (P.O. Box Number is Not Acceptable) 3410 KILLDEER PL. 83 84 City PALM HARBOR, FL 85 Zip Code 34685	
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 <i>Bert Gressman</i> BERT GRESSMAN - PRESIDENT 4/28/98 (NOTE: Registered Agent signature required when transferring)			
12. OFFICERS AND DIRECTORS TITLE PRESIDENT / V/S NAME BERT GRESSMAN STREET ADDRESS 3410 KILLDEER PL. CITY-ST-ZIP PALM HARBOR, FL. 34685-1228 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
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 an attachment with an address. SIGNATURE: <i>Bert Gressman</i> BERT GRESSMAN 4/28/98 (813) 786-1339 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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