SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000087215 (5)

CAROLCO LTD., INC.

FILED Aug 15 1997 8:00am Secretary of State

UMNUL	CO LID., INC.							4 10 6 16 64 7 10 3 1 6 11 6 1011 8 1011 8 101		(18 1 18 (1811)	I(66) 6)(2 (46)	
Principal Plac	e of Business	Mailing A	Malling Address					a EBBringer sim røsta Alter MAISL Abert Amili	18(Q) (Q)))	IEBIB IIBBI	IIDDI BIII (EBE	
6140 MASTER		6140 MA	6140 MASTERS BLVD.									
ORLANDO FL 32819 ORLANDO FL 32819								DO NOT WRITE II	N THIS S	PACE		
							-	3. Date Incorporated or Qualified		te of Last	Report	\neg
								10/20/1996	Ja. Du	10 01 2400	nopon.	1
2. Principal P	lace of Business	2a. Mailur	2a. Mailing Address					4. FEI Number			Applied For	\dashv
21			26					59-3404446			Not Applicable	le
Suite, Apt.	#, etc.		Suite, Apt. #, etc.								Additional	_
22		27	27				-	5. Certificate of Status Desired			Required	
City & Stat	е	City &	City & State					6. Election Campaign Financing		\$5.0	O May Be	
23		28						Trust Fund Contribution	<u> </u>	Added	d to Fees	
Zip	Country	Zip						8. This corporation owes or has paid				
24	25	29			30			Personal Property Tax due June 30. 🗹 Yes 🔲 No				
	9. Name and Address of Curre	nt Registered	egistered Agent				10. Name and Address of New Registered Agent			igent_		4
	EITBARD, CAROL				81	Name						
	40 Masters BLVD.				82	Street A	Address	(P.O. Box Number is Not Acceptable	9)			
OR	ILANDO FL 32819											4
_					83			•				
4					84	City				85 Zip	o Code	_
•					Ш				FL			_
11. Parsuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.150 e of Florida. Suc	98, Florida Statut ch change was a	es, the a authorize	bove d by	e-named o	corpora oration	ation submits this statement for the pu- 's board of directors. I hereby accept	rpose of the appo	changing sintment e	its registered is registered	a
agent I a	m familiar with, and accept the oblig	ations of, Secti	ion 607.0505, Flo	orida Sta	tutes	.					G	
SIGNATURE												.
12.	Signature, typod or printed name of registered ag	ID DIRECTORS		13.	d Age	nt signature i	required v	viien reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DC AND	DIRECTO	1DC IN 12	\dashv_{ς}
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NAME				6.2 N	AME							
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CITY-ST-ZIP				6.4 C	ITY-S	1-ZIP	·					\Box

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 eddress.

CONSTRUCT C. O. A. Bi Heard Contal H. Braithand

4-21-07 (464/04/-002)