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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096512 (4)

CAROLINE STREET VENTURES, INC.

FILED Feb 05 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			
419 WEST BROAD STREET 419 WEST BROAD STREET FALLS CHURCH VA 22046 FALLS CHURCH VA 22046				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				11/27/1996	
2. Principal P	Place of Business	2a. Mailing Address 26 450 W. Bro	1 5-4	4. FEI Number	Applied For
21			od St	59-2005981	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State Church	h Va-	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	— `�� <i>\\</i> \\\	30		Yes No
2-4	9. Name and Address of Current			10. Name and Address of New Registered	
KRUER, WAYNE ESQ. 81 Name					
600 WHITEHEAD STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
KEY WEST FL 33040			83		
			84 City	FL	85 Zip Code
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 Signature, typed or printed nerre of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, WARREN W III		1,2 NAME		
STREET ADDRESS	419 WEST BROAD STREET		1.3 STREET ADDRESS		
CITY - ST - ZIP	FALLS CHURCH VA 22046		1.4 CITY-ST-ZIP		
TITLE	D	☐ OELETE	2.1 TITLE		Change Addition
NAME	TAYLOR, CLAUDETTE E		2.2 NAME		
STREET ADDRESS	419 WEST BROAD STREET		2.3 STREET ADDRESS		
CITY - ST - ZIP	FALLS CHURCH VA 22046	<u></u>	2. 4 CITY-ST-ZIP		
TITLE		DELETE	. 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T prieze	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		() DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		criangs natultion
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE			6.1 TITLE		C CHANGE CT WORKING
NAME			6.2 NAME		
STREET AODRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	and to that the information greenlind with	th this filles does not suglify for	6.4 CITY-ST-ZIP	Section 119 07(3Vi) Florida Statutas I further c	ortify that the information

emental 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 the recommender of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the attachment with an address.