

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

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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90003 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000098722**

1. Corporation Name  
**CAROLINA FLORIDA PROPERTY #1AF, INC.**



Principal Place of Business: SUNTRUST TOWER, 200 SOUTH ORANGE AVE. STE 2850, ORLANDO FL 32801, US  
 Mailing Address: P O BOX 2265, HICKORY NC 28603, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/06/1996**

4. FEI Number: **59-3416508** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **CLARK, SCOTT D, 369 N. NEW YORK AVE., SUITE 300, WINTER PARK FL 32789**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NEILL, EDWARD C 2965 TATE BLVD SE HICKORY NC 28601	1.1 TITLE: Vice-President	R. Keith Townsend
TITLE: VP	FRENCH, AL 200 S ORANGE AVE STE 2850 ORLANDO FL 32801	1.2 NAME: R. Keith Townsend	201 Government Ave. SW, Suite 208
TITLE: STD	HAGAR, THOMAS 723 S SHARON AMITY, 120 CHARLOTTE NC 28211	1.3 STREET ADDRESS: 201 Government Ave. SW, Suite 208	Hickory, NC 28602
TITLE: D	BERRY, RICHARD D JR 100 MAIN AVE NW STE 500 HICKORY NC 28601	1.4 CITY-ST-ZIP: Hickory, NC 28602	
TITLE: D	BROWN, LEE G 201 GOVERNMENT AVE SW STE 208 HICKORY NC 28602	2.1 TITLE:	
TITLE:		2.2 NAME:	
TITLE:		2.3 STREET ADDRESS:	
TITLE:		2.4 CITY-ST-ZIP:	
TITLE:		3.1 TITLE:	
TITLE:		3.2 NAME:	
TITLE:		3.3 STREET ADDRESS:	
TITLE:		3.4 CITY-ST-ZIP:	
TITLE:		4.1 TITLE:	
TITLE:		4.2 NAME:	
TITLE:		4.3 STREET ADDRESS:	
TITLE:		4.4 CITY-ST-ZIP:	
TITLE:		5.1 TITLE:	
TITLE:		5.2 NAME:	
TITLE:		5.3 STREET ADDRESS:	
TITLE:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
TITLE:		6.2 NAME:	
TITLE:		6.3 STREET ADDRESS:	
TITLE:		6.4 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **1-4-99** Daytime Phone #: **828-345-0131**

CR2E034 (11/98)