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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000051841

1. Corporation Name

CARPENTER TECHNOLOGY PARTNERS, INC.

27 is 5.													
Principal Plac	e of Business		Mailing Address					'	192(198) 142 14111 14211 4511				
301 NW 131 AVE. 301 NW 131 AVE.													•
PLANTATION FL 33325 PLANTATION FL 33325									DO NOT W	RITE IN THE	S SPACE		
							3.	Date I	ncorporated or Qualife				
								06/1	1/1997				
2. Principal P	2a. Mailing Address				4.	FEIN	u nber			App	ied For		
26								65-0	65-0760590No				Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5.	Certifo	ate of Status Desired				ditional
22			27				ļ-					e Req	
City & Siat	le		City & State				6.		on Campaign Financin	g 🗌			lay Be
23			Zip	Coui	ates.		 _		Fund Contribution			ded to	rees
Zip	Cour	i ry	29	30	iti y		8.		orporation owes the cr nal Property Tax.	urrent year i	ntangible ☐ Yes	Г]No
24	9. Name and Add	ess of Current					10.		and Address of Nev	v Registere			=====
	or Harry and Had	<u> </u>			81	Name							-
CAR	rpenter, Joseph I	E JR.		,	82	Ctroot Addr	/F	O Par	v Niumbar in Nat Acco	ntable)			
	NW 131 AVE.				02	Street Ad Jre	ess (F	.U. BU	x Number is Not Acce	plaule)			
PLA	NTATION FL 33325				83	-							-
					84	City					85	Zip Co	-de
										F	_		
office or r	registered agent or ho	th in the State of	and 607.1508, Florida Stat Florida, Such change was ons of, Section 607.0505, F	: : uthorized	bv	the corporation	oration on's bo	submi pard of	its this statement for the directors. I hereby acc	he purpose of cept the app	of changin contment a	ig its r as regi	egistered istered
SIGNATURE	ALLA	3-121	-										
	Signature per or printed no			Registered 13.	Agen	t signature required			C NS/CHANGES TO (DATE	NO DIRE	CTOE	S IN 12
TITLE	D	OFFICERS AND	DELETE	1,1 TiT	ı F			400111	CN3/GHANGES TO C	JI I IOLIKO 7	Cha		Addition
NAME	CARPENTER, JOS	SEPH E IR		1.2 NA								•	
STREET ADDRESS				3		ADDRESS							
CITY-ST-ZIP	PLANTATION FL			1.4 CIT									
TITLE	T CANTATION 12	00020	☐ DELETE	2.1 TIT							Cha	nge	Addition
NAME	2.2 N		2.2 NAME										
STREET ADDRESS				2.3 STI	REET	ADDRESS							
CITY-ST-ZIP			2.4 CITY-ST-ZIP		T-ZIP								
TITLE			☐ DELETE	ETE 3.1 TITLE							Cha	inge	Addition
NAME	3.21		3.2 NA	3.2 NAME								l	
STREET ADDRESS	ADDRE: \$ 33.5		3.3 ST	3.3 STREET ADDRESS									
CITY-ST-ZIP			34 CI	34 CITY-ST-ZIP									
TITLE			☐ DELETÉ	4.1 TITLE							☐ Cha	ange	Addition
NAME				4 2 NA	ME								
STREET ADDRESS				i i		FADDRESS							
CITY-ST-ZIP				4.4 CIT	Y-5	T-ZIP							
TITLE						1						nac	☐ Addition
			☐ DELETE	5.1 TH							☐ Cha	inge	Addition
NAME			☐ DELETE	5.2 NA	ME	r Annoess					☐ Cha	inge	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	5.2 NA	ME REE1	r Address					☐ Cha	inge	☐ Addition

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 attach nent with an address, with a lighter like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP