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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000067818 (9)

CAROTHERS - BENEDICT & ASSOCIATES, INC.

Country

9. Name and Address of Current Registered Agent

25

CAROTHERS, CARL 3801 SEA ISLAND CT.

ORLANDO FL 32808

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

24

Mailing Address

2a. Mailing Address

City & State

Ζφ

Suite, Apt. #, etc.

26

27

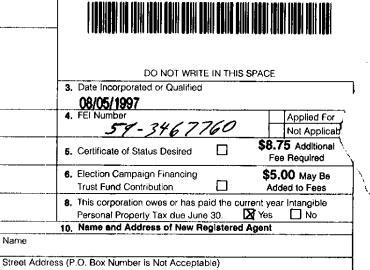
28

29

3801 SEA ISLAND CT. ORLANDO FL 32908

3801 SEA ISLAND CT. ORLANDO FL 32808

FILED May 04 1998 8:00am Secretary of State



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.

Country

81 Name

82

83 84

30

SIGNATURE Signature, typed or protect name of registered agont and to of applicable (NOTE Registered Agent's gnature required when reinstalling) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D DELETE TITLE 1.1 TITLE Change ☐ Addition **BENEDICT, BRUCE** NAME 1.2 NAME 12478 CAPRI CIR. N. STREET ADDRESS 1.3 STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP 1.4 C(1Y - S1 - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME CAROTHERS, CARL 2.2 NAME 3801 SEA ISLAND CT. STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP 2.4 CITY-ST-7IP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ___ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 13 if changed, or on an attactment with an address

11/22/00

Zip Code