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 #

P97000074008 (8)

CAROCO, INC.

Principal Place of Business

Mailing Address

FILED
Apr 28 1998 8:00am
Secretary of State



| T THE OPEN TIEC | to business | Walling Address | | | |
|---|--|---|------------------------------------|--|--|
| | FEDERAL HIGHWAY, SUITE 300 | 1515 NORTH FEDERAL | | | |
| BOCA RATOR | N FL 33432 | BOCA RATON FL 33432 | 2 | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | |
| | | | | · · | |
| 9 Principal P | Place of Business | 2= Moiling Address | | 08/25/1997 | |
| | riace of business | 2a. Mailing Address | | 4. FEI Number Applied For | |
| 21 | # -1- | 26 | | 65-0780243 Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, et | | | | 5. Certificate of Status Desired \$8.75 Additional | |
| 22 | | 27 | | Fee Required | |
| City & Stat | ie . | City & State | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | T | Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year Intangible | |
| 24 | 25 | [29] | 30 | Personal Property Tax due June 30. 🔀 Yes 🗌 No | |
| | 9. Name and Address of Cur | rent Registered Agent | 81 Name | 10. Name and Address of New Registered Agent | |
| | Jrdoch, robert e | | 81 Name | | |
| 790 E. BROWARD BLVD. | | | 82 Street Ad | Idress (P.O. Box Number is Not Acceptable) | |
| SU | ITE 400 | | L_i | , | |
| FT. | LAUDERDALE FL 33301 | | 83 | | |
| • | | | 04 0:5 | | |
| | | | 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. | | | | | |
| _ | in mannial with, and accept the ob | iligations of Section 607.0505, F | ionoa statutes. | | |
| SIGNATURE | Signature, typed or printed name of registered | Accept and tille if applicable (NC | TE: Registered Agent s gnature reg | quired when reinstaling) DATE | |
| 12. | | NO DIRECTORS | | COLUMN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | | DELETE | 1.1 TITLE | CAROLINA TORADSE Change Addition | |
| NAME | | <u>-</u> | 1.2 NAME | CAROPINI TOMATORE DISTRICT | |
| STREET ADDRESS | | | 1.2 NAME | 2701 MAHOGANY PLACE PALM BEACH GARDENS 38418 | |
| | | | 1.3 STREET ADDRESS | PALM BEACH GARDENS 88418 | |
| CITY-ST-ZIP | | DELETE | 1.4 0111-31-20 | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition | |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | |
| TITLE | | ☐ DFLETE | 3.1 TITLE | Change Addition | |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | DELETE | 4.1 TOLE | Change Addition | |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | DELETE | 4.4 City-St-ZiP 5.1 Title | ☐ Change ☐ Addition | |
| | | - Decemb | | Change Addition | |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELET e | 6.1 TITLE | Change Addition | |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |
| 14. I hereby c | ertify that the information supplied | with this filing does not qualify | for the exemption stated in | n Section 119.07(3)(i), Florida Statutes. I further certify that the information | |
| officer or e | on this amnual report or supplement of the re- | ntal annual report is true and ac eceiver or trustee empower ed to | curate and that my signal | ture shall have the same legal effect as if made under oath; that I am an quired by Chapter 607, Florida Statutes; and that my name appears in | |
| Block 12 | or Block 13 if changed, or or an al | tachment with an address. | uns report as re- | quired by chapter 607, Florida Statutes, and that my hame appears in | |
| | | | | 1 1 0 | |