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* PROFIT CORPORATION ANNUAL REPORT

1998

officer or director of the corpora Block 12 or Block 13 if cha



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000091603 (5)

FILED May 18 1998 8:00am Secretary of State

CAROLE PROPERTIES AND MANAGEMENT, INC. Principal Place of Business Mailing Address 7000 WEST PALMETTO PARK ROAD SUITE 402 7000 WEST PALMETTO PARK ROAD SUITE 402 **BOCA RATON FL 33433 BOÇA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0797042 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 EINAUGLER, BARRETT R 7000 WEST PALMETTO PARK ROAD SUITE 402 82 **BOCA RATON FL 33433** 83 40 64 Boca 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 name of registered agent and fig legistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE **DPST** 1.1 TITLE NAME **EINAUGLER. BARRETT R** 1.2 NAME 7000 WEST PALMETTO PARK ROAD SUITE 402 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY+ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 61 THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP coulify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an vered to execute this report as required by Chapter 607, Florida Statuter, and that my name appears in 14. I hereby certify that the information si indicated on this annual report or