

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90214 022 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000013283**

1. Corporation Name  
**CARTER STEPHENS, INC.**



Principal Place of Business <b>121 NO OSCEOLA AVE STE 300</b> <b>CLEARWATER FL 33755</b> <b>1209 W. Kennedy Blvd</b> <b>Tampa FL 33604</b>	Mailing Address <b>121 NO OSCEOLA AVE STE 300</b> <b>CLEARWATER FL 33755</b> <b>1209 W. Kennedy Blvd</b> <b>Tampa 33604</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>21</b> Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified <b>02/10/1998</b>	4. FEI Number <b>59-3497853</b>	Applied For Not Applicable-
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent <del>LOGAN, FRANK C.</del> <del>121 NO OSCEOLA AVE STE 300</del> <del>CLEARWATER FL 33755</del>	10. Name and Address of New Registered Agent <b>E. Carlton Carter</b> <b>1209 W. Kennedy Blvd.</b> <b>Tampa FL 33604</b>
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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 familiar with and acceptable obligations of Section 607.0505, Florida Statutes.

SIGNATURE *E. Carlton Carter* (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LOGAN, FRANK C.</b> <b>121 NO OSCEOLA AVE STE 300</b> <b>CLEARWATER FL 33755</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD</b> <b>Carter, Margaret</b> <b>812 Grove Park Ave</b> <b>Tampa FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>PAGAN, LOUISE C.</b> <b>121 NO OSCEOLA AVE STE 300</b> <b>CLEARWATER FL 33755</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VD</b> <b>Dan Doyle Jr</b> <b>43 N. Pine Ceele</b> <b>Belleair FL 33756</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MILLER, DONNA C.</b> <b>121 NO OSCEOLA AVE STE 300</b> <b>CLEARWATER FL 33755</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>SD</b> <b>McCarthy, John</b> <b>1222 Brookhaven Place</b> <b>Atlanta GA 33629</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE: *E. Carlton Carter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/99 (813) 258-3100  
 Date Daytime Phone #

CR2E034 (11/98)