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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000059881

1. Corporation Name

BETH A. & WILLIAM S. CARR JR. ENTERPRISES, INC.

	e ve										
Principal Place of Business Mailing Address								()	MILLI BELLI BE	iiel biile ieiel ieiel	(DIS) 3 60
5591 BRECKENRIDGE CIR 5591 BRECKENRIDGE CI			BRECKENRIDGE CIR								
ORLANDO FL 32818 ORLANDO FL 32818								DO NOT WRITE IN THIS SPACE			
	•						-	3. Date Incorporated or Qualife		IIS SPACE	
								07/06/1998			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		An	plied For
-			26				-	59-3519450		<u> </u>	t Applicable
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75	
22			27					5. Certifcate of Status Desired		Fee Re	
City & Stat	9		City & State					6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution	'	Added t	
Zip	Country			Country				8. This corporation owes the cu	rrent ýear	_	
24	25	29		30				Personal Property Tax.		∐ Yes	X No
	9. Name and Address of Curr	ent Registe	red Agent		ļ			Name and Address of New	Registere	ed Agent	
0.0	C OFFIL ANNI				81	Name					
CARR, BETH ANN					82 Street Add			(P.O. Box Number is Not Accep	table)		
	BRECKENRIDGE CIR							·			
UKL	ANDO FL 32818				83						
					84	City			F	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,						· · · · · · · · · · · · · · · · · · ·					
agent. I a	to the provisions of sections do? Accept the State m familiar with, and accept the oblig signature, typed or printed name of registered a	gations of, S	pplicable (NOTE	Registered	utes			en reinstating)	DATE		
12.	OFFICERS /	AND DIREC	D DIRECTORS 13.				P/	ADDITIONS/CHANGES TO O	FFICERS	Change	Addition
TITLE			☐ DELETE 1.1 T							☐ Change	X_1 Addition
NAME				1.2 NA/				Beth Ann Carr			
STREET ADDRESS						ADDRESS	1	591 Breckenridge Circle			
CITY-ST-ZIP			☐ DELETE			T-Z)P		lando, FL 328	18	☐ Change	Addition
TITLE			_		2.1 TITLE		V/		_	□ Cridings	X
NAME								lliam S. Carr,		_	Į.
STREET ADDRESS						- 1		91 Breckenridg		ccle	
CITY-ST-ZIP			DELETE			T-ZiP	_Or	lando, FL 328	18	Change	Addition
TITLE		·		31 TI			 			Cjonango	7.00.00.1
NAME				3.2 N/							. }
STREET ADDRESS						ADDRESS					
CiTY-ST-ZIP			DELETE 4.1 ·			IT-ZIP	 			☐ Change	Addition
TITLE					AME						_
NAME						- ADDDE-CC					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP		☐ DELETE			4.4 CITY-ST-ZIP 5.1 TITLE		-			☐ Change	Addition
TITLE			□ nereie	5.1 II 5.2 N		- 1				- ononge	
NAME						ADDRESS					
STREET ADDRESS				5.4 CI		ļ					}
CITY-ST-ZIP			☐ DELETE	6.1 TI		. 211	1			☐ Change	Addition
TITLE			066614	6.2 N						3v	

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 supplier enter 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 of 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 enanged, or on an attack ment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90080 013 ***150.00

CR2E034 (11/98)