## 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 # P98000085646

1, Corporation Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CARBOI	NDUSTRIES, INC.						
Principal Place	of Business	Mailing Address				1 160 1160   118 18181 (\$11) OBIN CONT. 48191 (41) ON CONT.	
		3974 N.W. 63 TERRACE CORAL SPRINGS FL 33067				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  10/06/1998	
2. Principal Pl	ace of Business	2a, Mailing Address				4 FEI Number - Applied For	$\neg$
21 26						65-0867358 Not Applicab	le
Suite, Apt. #, etc.		Suite, Apt. #, etc.			· · .	5. Certificate of Status Desired	ļ
City & State	9		City & State			6. Election Campaign Financing \$5.00 May Be	$\neg$
23	28					Trust Fund Contribution Added to Fees	
Zip				itry		8. This corporation owes the current year Intangible	
24	25	29 3	0			Personal Property Tax.	
	g. Name and Address of Current	Registered Agent			1	10. Name and Address of New Registered Agent	$\dashv$
COLEMAN, ANTHONY G JR. 3974 N.W. 63 TERRACE				81 Name 82 Street Ac	B address	19.0. Box Number is Not Acceptable) TERRACE  19. W. W. 63	$\dashv$
CORAL SPRINGS FL 33067			-	83	29	79 10.10: 0) 121-1-2	一
							_
				84 City	C	ORAL SPRINGS FL 85 Zip Code 33067	<u>,                                    </u>
11, Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State a maintain with, and accept the obligation of the state o	ons of, Section 607,0505, Florid	nonzed la Statu	ove-named co by the corpora tes.	ration s	tion submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered the appointment as registered to the appointment as registere	'
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETÉ	1.1 1111	E		☐ Change ☐ Addi	
NAME	BOGART, MATHEW L JR.		1.2 NAME				
STREET ADDRESS	AGG. NILL AG TERRAGE		1.3 STREET ADDRESS				Ì
CITY-ST-ZIP	CODAL OPPINOS EL COCCE		1.4 CITY-ST-ZIP				
TITLE	·	☐ DELETE	2.1 ∏₹	LE		☐ Change ☐ Addi	tion
NAME	•		2.2 NA	ME			J
STREET ADDRESS			2.3 STF	REET ADDRESS			
CITY-ST-ZIP	. Propagation	e mena yang t	2.4 CII	Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TITI	LE .		☐ Change ☐ Addi	tion
NAME			3.2 NA	ME .			
STREET ADDRESS			3.3 STF	REET ADDRESS			
CITY-ST-ZIP			3.4. CII	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITE	LE		☐ Change ☐ Addi	tion
NAME			4. 2 NA	ME			Į
STREET ADDRESS			4.3 STF	REET ADDRESS			ĺ
CITY-ST-ZIP				Y-ST-ZIP			
TITLE	*	( DELETE	5.1 TIT	LE		☐ Change ☐ Add	uon

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-7IP

5.4 CITY-ST-ZIP

☐ Change

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90036 033 \*\*\*150.00

Addition