**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000091354

1. Corporation Name

CAROLYN CAGLE REALTY, INC.

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90028 049 \*\*\*150.00



					//	
Principal Place of Business	Mailing Address					
1842 SE FIRST ST 1842 SE FIRST ST						
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 63441			DO NOT WRITE I	DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed	TING OF ACE		
			10/26/1998			
	- Address		4, FEI Number	Apr	lied For	
2. Principal Place of Business 21 2978 FAIN IXER Then			65-0883449	, <del>   </del>	Applicable	
	Suite, Apt. #, etc.		- 67-04921 Li	\$8.75 A		
Suite, Apt. #, etc.	, 🗀		5. Certifcate of Status Desired	Fee Req		
City & State	City & State		6. Election Campaign Financing	\$5.00 N	<del></del>	
23	28		Trust Fund Contribution	Added to	- 1	
Zip , Gountry	Zip	Country	8. This corporation owes the current	vear Intangible		
24 33470 25/A/n B	30	o	Personal Property Tax.	Yes [	<b>S</b> No	
9. Name and Address of Cur			10. Name and Address of Regi	stered Agent		
		81 Nam	ARALUA ( ADIO)			
CAGLE, CAROLYN		82 Street Ad	Idress (P.O. Box Number is Not Aleccatable)			
~1842 SE FIRST ST -		82 Street A	178 TAIN DE	er Ku	<b>n</b>	
*BEERFIELD BEACH FL 33441		83	106000100			
Change add	10 )		MANCHEE	as Zin C	ado :	
Change cour	200	84 City	•	FL STAR	470	
11. Pursuant to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	, the above-named co	rporation submits this statement for the purp	oose of changing its r	registered	
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the ob-	ate of Florida. Such change was auti	norized by the corbora	ation's board of directors. I hereby accept the	a appointment as reg	ustered	
	) Salar Social S	a cialatos.	2/	04/94		
SIGNATURE Signature, typed or printed name of figistered	agent and title if applicable. (NOTE: R	egistered Agent signature requ	uired when reinstating)	DATE		
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE			
TITLE D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME CAGLE, CAROLYN		1.2 NAME				
STREET ADDRESS -1842 SE FIRST ST-		13 STREET ADDRESS				
CITY-ST-ZIP DEERFIELD BEACH FL 3344	41	1.4 CITY-ST-ZIP				
TITLE 7	OELETE	2.1 TITLE		Change	☐ Addition	
NAME TANK CARO	140 _	2.2 NAME			١.	
STREET ADDRESS	7	2.3 STREET ADDRESS				
CITY-ST-ZIP 2978 Falm	Der Kun	2.4 CITY-ST-ZIP				
TITLE / - V/ O.L. Mary L	DELETE	3.1 TITLE		Change	☐ Addition	
NAME OF CONTINUES	KL //	3.2 NAME	,			
STREET ADDRESS	33470	3.3 STREET ADDRESS			Ì	
CITY-ST-ZIP	<del></del>	3.4. CfTY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition	
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE		☐ Change	Addition	
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS		-		
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE :	☐ DELETE	6.1 TITLE		Change	Addition	
NAME		6.2 NAME				
		6.3 STREET ADDRESS	•		ļ	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP