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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S32536

(2)

CARLYN UNLIMITED, INC.

FILED May 08 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 202 COTTESMORE CIRCLE 202 COTTESMORE CIRCLE								
202 COTTESMO LONGWOOD FL		202 COTTESMORE CIF LONGWOOD FL 32778						
					3. Date Incorporated or Qualified	3a. Date	of Last R	eport
					01/22/1991	06/04	1996	
2. Principal Pla	ace of Business	2a. Mailing Address	<u> </u>		4. FEI Number			plied For
21		26			59-3055089			t Applicable
Suite, Apt 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		68.75 / Fee Re	Additional equired
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zφ	Country	Zip	Coun	try	8. This corporation has liability for			199.032,
24	25	29	30			Yes X		
	9. Name and Address of Curr	ent Registered Agent		at	10. Name and Address of New R	egistered Age	<u>nt</u>	······································
	INZA, CARMINE		1,6	Name				
	COTTESMORE CIRCLE		ļī.	Street Ad	dress (P.O. Box Number is Not Acceptable)			
LON	GWOOD FL 32778		ļ.	33		·		
			}'	33				
			1	34 City		FL	35 Zip (Code
44 6	607.00	(00d 007 1000 Ftid- 0			orporation submits this statement for the			
agent Lar	m familiar with, and accent the obl	igations of Section 607 0505	5. Florida Statu					_
SIGNATURE	Signature, typical or printed hardy of registered a	CARMINE LI	ATRNY (NOTE Registered	9 1	ration's board of directors. I hereby acce	7/28 DATE	19	<u> </u>
SIGNATURE	Sign-dure, typical or phritted naily of registered a OFFICERS A	CARPINE LI egent and little if applicable IND DIRECTORS	ATRIVE (NOTE Registered 13.	Agent signature rec	110	DATE CERS AND D	/9 RECTOR	7 IS IN 12
SIGNATURE 12. TITLE	Sign-ture, lyan-1 or bridged half for registered a OFFICERS A	CARMINE LI	(NOTE Registered 13.	Agent signature rec	quired when reinstating)	DATE CERS AND D	19	7 IS IN 12
SIGNATURE 12. TITLE HAME	Sign date, typical or bridged half for registered a OFFICERS A D LATANZA, CARMINE	CARPINE LI egent and little if applicable IND DIRECTORS	(NOTE Registered	Agent signature red	quired when reinstating)	DATE CERS AND D	/9 RECTOR	7 IS IN 12
SIGNATURE 12. TILE NAME SIREET ADDRESS	Sign over, bysel or brited null for registered a OFFICERS A D LATANZA, CARMINE 202 COTTESMORE CIRCLE	CARPINE LI egent and little if applicable IND DIRECTORS	(NOTE Registered: 13. 1.1 Titl 1.2 NAM 1.3 STR	Agent signature rec E AE EEY ADDRESS	quired when reinstating)	DATE CERS AND D	/9 RECTOR	7 IS IN 12
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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 chrector 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 3 if changed, or or an attachment with an address.

SIGNATURE:

0073296