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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S48118

1. Corporation Name

CARPEN	ien, inc.							
Principal Place	o of Business	Mailing Address					II QABIA BABIA DIA	BIA BUBAN BABIN KBAN
,								
377 CITATION POINT 377 CITATION POINT STE 206 STE 206								
NAPLES FL 34104 NAPLES FL 34104						DO NOT WRITE IN TH	IIS SPACE	
US US						Date Incorporated or Qualifed		
						04/25/1991	<u></u>	
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21						65-0260936	Not Applicable	
	Suite, Apt. #, etc.					5. Certificate of Status Desired	•	5 Additional
22	27 -					and the second s		Required
City & Stat	·					6. Election Campaign Financing		00 May Be
23	28					Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Count	ıy		8. This corporation owes the current year	Intangible La Yes	□No
24	25		30			Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Curre	nt Registered Agent	8	1	Name	10. Hattle and Address of the Artegister	ra Agont	
CARPENTER, ROY R., JR.								
13167 VALEWOOD DR				2	Street Addres	ss (P.O. Box Number is Not Acceptable)		1
NAPLES FL 34119			-	13	***			
			ľ	"				
	•		8	4	City		L 85 Z	lip Code
		00 10074500 51-14- 61-14-	- 46 6 -					ite registered
office or r	enistered agent or both in the State	e of Florida. Such change was au	ithorized b)v th	named corporation	ration submits this statement for the purpose is board of directors. I hereby accept the ap	pointment as	s registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statute	es.				
SIGNATURE			B 1		ignature required v	when reinstating) DATE		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	gent s	agnature raquirad v	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	DP OF TICERS AT	DELETE	1.1 TITLE	-	1	ADDITIONAL DESCRIPTION OF THE PROPERTY OF THE	Chan	
NAME			1.2 NAM					_
	13167 VALEWOOD DR				DDRESS			Ì
STREET ADDRESS			1.4 CITY		İ			•
CITY-ST-ZIP TITLE	NAPLES PL 34119	DELETE 2.1			LIF		☐ Chan	ge Addition
			2.2 NAME		j			
NAME					nnosee			(
STREET ADDRESS			•	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		·		~
CITY-ST-ZIP TITLE			3.1 TITLE		LIF*		☐ Chan	ge Addition
NAME			3.2 NAM				_	· –)
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STREET ADDRESS								
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NAME			4. 2 NAM		pppeee			
STREET ADDRESS					DDRESS			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		UP		☐ Chan	ge Addition
TITLE		ب محدداد	5.2 NAM					
NAME			5.3 STRE		DDRESS			
STREET ADDRESS			5.3 STR					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				☐ Chan	ge Addition
TITLE		□ nere1e	6.2 NAM					g
100mL					DDDCCC			ļ
STREET ADDRESS	1		0.3 5110	ER I A	DDRESS			

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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: