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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Suite, Apt. #, etc.

City & State

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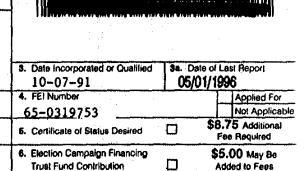
NAPLES, FL

City & State

CAROLINA DEVELOPMENT CORPORATION

Principal Place of Business	· Mailing Address		
3791 HUGHES RD.	3791 HUGHES RD.		
SMYRNA SC 29743 US	SMYRNAA SC 29743-8798 US		

FILED
May 05 1997 8:00am
Secretary of State



8. This corporation has liability for intangible tax under s. 199.032,

Yes No

24 25 29 34103-3424
9. Name and Address of Current Registered Agent
KLEIN, WILLIAM E. J
4001 GULF SHORE BLVD. N.
#200 SURFS EDGE
NAPLES FL 33946

Country

	10. Name and Address of New Registered Agent				
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)	•			
83					
84	City FL 85 Zip Cocto	t.			

Florida Statutes

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Society 505. Florida Statutes.

Country

SIGNATURE	SUPPLY TO THE THE PROPERTY OF	Transferral Arnall acquarge mega	gred when re-neighing) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TUTLE	PS DELETE	an pitte	☐ Change ☐ Addition
NAME	KLEIN, WILLIAM E. JR	1.2 NAME	
STREET ADDRESS	3791 HUGHES RD.	13 STREFT ADDRESS	
CITY - ST- ZIP	SMYRNA SC 29743	1.4 CITY - ST - ZIP	
BUC	☐ DELETE	2.1 PHTE	Change Addition
NARSE		2.2 NAMI.	
STHEET ALDRESS		2.3 STREET ADDRESS	
CHY ST 799		2 4 GITY - ST ZIP	
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NAME		32 NAME	
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#TV-SE-201		4.4 CHY+SY-ZIP	, 5
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Taxa.		52 NAME	*
State while's		5.3 STREET ADDRESS	<u>.</u>
00 st #r		5.4 City ST-ZIP	<u> </u>
108	L_ DELETE	fi i trick	500002170485 Change D Addition -05/08/9701003034
BAME		62 NAME	-05/08/9701003034
STREET ADDRESS		63 STREET ADDRESS	***165.00
1		CAPITY OF TIP	. Transministra

14. I do 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 information information in 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.

SIGNATURE:

VISIATIME AND TYPET OR PRINTED NAME OF SICHMIC OFFICED OF THRECTOR

Daytime Phone #