

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S98710** (4)
1. Corporation Name
CALOT CORPORATION



Principal Place of Business
**253 LIVERPOOL COVE
LONGWOOD FL 32779**

Mailing Address
**253 LIVERPOOL COVE
LONGWOOD FL 32779**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified **12/04/1991**
3a. Date of Last Report **01/31/1995**
4. FEI Number **59-3097014**
Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**DWORKIN, FRANCES
253 LIVERPOOL COVE
LONGWOOD FL 32779**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(8), 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(5), Florida Statutes.

SIGNATURE

Signature of the person filing this report (if not the registered agent)

DATE (Block 13 Agent Signature required in 12)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DWORKIN, FRANCES**
CITY-ST-ZIP **253 LIVERPOOL COVE**
LONGWOOD FL
2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
25. TITLE ☐ Change ☐ Addition
26. NAME
27. STREET ADDRESS
28. CITY-ST-ZIP
29. TITLE ☐ Change ☐ Addition
30. NAME
31. STREET ADDRESS
32. CITY-ST-ZIP
33. TITLE ☐ Change ☐ Addition
34. NAME
35. STREET ADDRESS
36. CITY-ST-ZIP
37. TITLE ☐ Change ☐ Addition
38. NAME
39. STREET ADDRESS
40. CITY-ST-ZIP
41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
45. TITLE ☐ Change ☐ Addition
46. NAME
47. STREET ADDRESS
48. CITY-ST-ZIP
49. TITLE ☐ Change ☐ Addition
50. NAME
51. STREET ADDRESS
52. CITY-ST-ZIP
53. TITLE ☐ Change ☐ Addition
54. NAME
55. STREET ADDRESS
56. CITY-ST-ZIP
57. TITLE ☐ Change ☐ Addition
58. NAME
59. STREET ADDRESS
60. CITY-ST-ZIP
61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Frances Dworkin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

407862-5880

CR2E034 (12/95)