

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V19714** (7)

1. Corporation Name

CARWAL OF ORLANDO, INC.

Principal Place of Business

**8810 REPARTO DR
ORLANDO FL 32825**

Mailing Address

**8810 REPARTO DR
ORLANDO FL 32825**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
03/06/1992

3a. Date of Last Report
01/10/1995

4. FEI Number
59-3114919

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. 193.032, Florida Statutes ☐ Yes ☐ No

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 Code

**BERETTA, WALTER L.
8810 REPARTO DR
ORLANDO FL 32825**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer or Director

Signature of Registered Agent or Officer or Director

Date

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **BERETTA, WALTER L.**
CITY-STATE-ZIP **8810 REPARTO DR**
ORLANDO FL

12.2 TITLE ☐ DELETE
NAME **DVP**
STREET ADDRESS **ILEANA A. BERETTA**
CITY-STATE-ZIP **8810 REPARTO DRIVE**
ORLANDO FL

12.3 TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **CARMEN M. BERETTA**
CITY-STATE-ZIP **8810 REPARTO DRIVE**
ORLANDO FL

12.4 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12.5 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12.6 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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 recorder 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: **Walter Beretta** - **WALTER BERETTA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 (407)-273-2008

CR2E034 (12/95)