

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Mortha
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V32711 (6)**
1. Corporation Name
CARRON HALL PROPERTIES, INC.



Principal Place of Business: **1501 E 10TH AVE. HIALEAH FL 33010**
Mailing Address: **1501 E 10TH AVE. HIALEAH FL 33010**

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22, 27
City & State: 23, 28
Zip: 24, 29 Country: 25, 30

9. Name and Address of Current Registered Agent
**LAZARUS, RICHARD
1501 E 10TH AVE.
HIALEAH FL 33010**

3. Date Incorporated or Qualified: **04/30/1992** 3a. Date of Last Report: **04/11/1995**
4. FEI Number: **65-0329026** 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
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 607.0502 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: _____ (NOTE: Block 12 requires signature of registered agent and block 13 requires signature of registered agent when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LAZARUS, RICHARD	1.2 TITLE	
STREET ADDRESS	1501 E 10TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 TITLE	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 TITLE	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 TITLE	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 TITLE	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 TITLE	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD LAZARUS

Date: **4/20/96** Daytime Phone #: **305 8877971**

CR2E034 (12/95)