FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 10: 22

DOCUMENT # V39369 (6)

1. Corporation Name
CAROLINDA, INC.

Principal Place of Business
4433 N.W. 67TH AVE
CORL SPRINGS FL 33067

Mailing Address
4433 N.W. 67TH AVE
CORL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1992
3a. Date of Last Report: 06/15/1994
4. FEI Number: 65-0387315 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

LINN, ALTON A. J ESQ.
1500 EAST ATLANTIC BOULEVARD
POMPANO BEACH FL 33060

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 ____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CLARK, CAROLYN	12 NAME	
STREET ADDRESS	4433 N.W. 67TH AVENUE	13 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	MEMEGAZZI, LINDA	22 NAME	
STREET ADDRESS	4433 N.W. 67TH AVENUE	23 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	RUBENSTEIN, RANDI	32 NAME	
STREET ADDRESS	8065 NW 71ST COURT	33 STREET ADDRESS	
CITY ST ZIP	TAMARAC FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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: Randi Rubenstein 1/10/95 75 303 15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0110748 CR