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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V39369

(6)

1. Corporation Name
CAROLINDA, INC.

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

Mailing Address
4433 N.W. 67TH AVE
CORAL SPRINGS FL 33067-3023

3. Date Incorporated or Qualified 05/28/1992	3a. Date of Last Report 01/24/1996
4. FEI Number 65-0387315	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
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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: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
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	
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	
NAME	RUBENSTEIN, RANDI	32 NAME	
STREET ADDRESS	8085 NW 71ST COURT	33 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carol Clark* 1/4/97 753-0315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)