

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90004 042 ***150.00

DOCUMENT # V50177

1. Corporation Name

CARLAINE OF NORTH MIAMI BEACH, INC.

Principal Place of Business

12490 NE 7TH AVE
STE 203B
NORTH MIAMI FL 33161
US

Mailing Address

12490 NE 7TH AVE
STE 203B
NORTH MIAMI FL 33161
US

2. Principal Place of Business

21 12490 N.E. 7th Ave

Suite, Apt. #, etc.

22 Suite 200

City & State

23 North Miami, FL

Zip

24 33161

Country

25 US

2a. Mailing Address

26 12490 N.E. 7th Ave

Suite, Apt. #, etc.

27 Suite 200

City & State

28 North Miami, FL

Zip

29 33161

Country

30 US

9. Name and Address of Current Registered Agent

SHAFOR, GORDON
656 NE 125TH STREET
NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1992

4. FEI Number

65-0350124

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Shafor, Gordon

82 Street Address (P.O. Box Number is Not Acceptable)

655 N.E. 143 Street

83

84 City

North Miami

FL

85 Zip Code

33161

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

TITLE PD ☐ DELETE

NAME SHAFOR, GORDON F.

STREET ADDRESS 656 NE 125TH ST.

CITY-ST-ZIP NORTH MIAMI FL

TITLE VD ☐ DELETE

NAME SHAFOR, RUSSELL E.

STREET ADDRESS 656 NE 125TH ST.

CITY-ST-ZIP NORTH MIAMI FL

TITLE ST ☐ DELETE

NAME SHAFOR, RUSSELL E.

STREET ADDRESS 656 NE 125TH ST.

CITY-ST-ZIP NORTH MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME SHAFOR, GORDON F.

1.3 STREET ADDRESS 655 N.E. 143 STREET

1.4 CITY-ST-ZIP N. MIAMI, FL 33161

2.1 TITLE VD ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3008 Dunedin Court

Old Hickory, TN 37128

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3008 Dunedin Court

Old Hickory, TN 37128

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Revised E. Shafor

Date

Daytime Phone #

CR2E034 (11/98)

0234935