

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra R. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 APR 27 AM 7:33**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**DOCUMENT # V56320**

**(7)**

1. Corporation Name

**H & H CARTER CORPORATION**

Principal Place of Business

**10297 N.W. 3RD AVENUE  
MIAMI FL 33150**

Mailing Address

**10297 N.W. 3RD AVENUE  
MIAMI FL 33150**

3. Date Incorporated or Qualified

**08/05/1992**

3a. Date of Last Report

**04/25/1994**

4. FEI Number

**65-0347046**

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**

9. This corporation has liability for intangible tax under S. 190.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**WILLIAM FALLER & ASSOC INC  
6878 W ATLANTIC BLVD  
MARGATE FL 33063**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P**

**CARTER, HOWARD JR.  
1205 NW 103 LANE, #115  
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**T**

**CARTER, HOWARD SR.  
10297 NW 3RD AVE.  
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V**

**CARTER, HARRIET  
10297 NW 3RD AVE.  
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V**

**CARTER, ROBIN KEITH  
10297 NW 3RD AVE.  
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:**

*Howard Carter, Sr.* **HOWARD CARTER, Sr.** **4-22-95** **(305)759-1993**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Signature (1000000)