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Apr 30 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 # **V65680** (3)

1. Corporation Name

CARLISLE PROPERTY CONSULTANTS, INC.

Principal Place of Business

**1825 SOUTH RIVERVIEW DR.
MELBOURNE FL 32907**

Mailing Address

**1825 SOUTH RIVERVIEW DR.
MELBOURNE FL 32907-4711**

3. Date Incorporated or Qualified
09/21/1992

3a. Date of Last Report
11/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 **2665 S. Bayshore Dr.**

27 Suite, Apt. #, etc.

27 **603**

28 City & State

28 **Miami, FL**

29 Zip

29 **33133**

30 Country

30 **Dade**

4. FEI Number
59-3143907

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

9. Name and Address of Current Registered Agent

**CORPORATE ACCESS, INC.
1118 D THOMASVILLE RD.
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name

James L. Reinman

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

1825 S. River View Dr

83

84 City

Melbourne

85 Zip Code

FL 32907

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

02/13/97

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **REINMAN, JAMES L**
STREET ADDRESS **1825 S. RIVERVIEW DR**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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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 ☐ Change ☒ Addition

1.2 NAME **D/P/T**
1.3 STREET ADDRESS **Elaine Silverstein**
1.4 CITY-ST-ZIP **2665 S. Bayshore Dr., #603**
Miami, FL 33133

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D/S**
2.3 STREET ADDRESS **Joyce Beber**
2.4 CITY-ST-ZIP **2665 S. Bayshore Dr., #603**
Miami, FL 33133

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

Date

Daytime Phone #

0099820

CR2E034 (9/96)