

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000003410 (6)**

1. Corporation Name
CARLTON DUNN AND ASSOCIATES, INC.



Principal Place of Business: **332 NORTH BROADWAY PITMAN NJ 08071**
Mailing Address: **332 NORTH BROADWAY PITMAN NJ 08071**

3. Date Incorporated or Qualified: **07/18/1995** 3a. Date of Last Report

4. FEI Number: **22-2719911** 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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip County

24. 25. 29. 30. Country

9. Name and Address of Current Registered Agent

HATCHERIAN, JOHN
1315 SOUTH HOWARD AVE., STE 201
TAMPA FL 33606

10. Name and Address of New Registered Agent

81. Name: **Hatcherian, John**

82. Street Address (P.O. Box Number is Not Acceptable): **6100 9th N.**

83. **St Petersburg** **33703**

84. City 85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0605 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE: **John Hatcherian** DATE: **4-30-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12'	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN JR., CARLTON W	1.2 NAME	
STREET ADDRESS	35 PELHAM DRIVE	1.3 STREET ADDRESS	112 Sweet Briar Ct
CITY- ST- ZIP	MANTUA NJ	1.4 CITY- ST- ZIP	MILLICA HILL NJ 08062
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, DIANE	2.2 NAME	
STREET ADDRESS	35 PELHAM DRIVE	2.3 STREET ADDRESS	112 Sweet Briar Ct
CITY- ST- ZIP	MANTUA NJ	2.4 CITY- ST- ZIP	MILLICA HILL NJ 08062
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered or authorized agent 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 in an attachment with an address.

SIGNATURE: **Carlton W. Dunn** DATE: **5-3-96** **609-582-0692**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)