



STATE OF ARIZONA
CORPORATION COMMISSION



BUSINESS CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE
DOMESTIC

FOR FISCAL YEAR ENDING 03/31/1996

DUE ON OR BEFORE 07/15/1996

The following information is required by A.R.S. §10-125 for all general corporations organized for profit, professional corporations, and business trusts authorized to transact business in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-142. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

RECEIVED

Corporation File: 175354-7
Corporation Name: THE CAREFREE DEVELOPMENT COMPANY
Address: 36611 N. 51ST STREET

JUL 19 1996

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

City, State, Zip: CAVE CREEK, AZ 85331

Domicile: ARIZONA

Type: PROFIT

Arizona Statutory Agent: ~~McCABE O'DONNELL & WRIGHT PA~~

Street Address:

(NOT P.O. BOX)

300 E. OSBORN ROAD, #2000
PHOENIX, AZ 85012

City, State, Zip:

JAMIE A. BRODY, ESQ.

1112 W. CAMELBACK RD
PHOENIX, AZ 85013

1. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation in Arizona.

- | | | |
|---|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 16. General Consulting | <input type="checkbox"/> 31. Restaurant/Bar |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 17. Health Care | <input type="checkbox"/> 32. Retail Sales |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 18. Hotel/Motel | <input type="checkbox"/> 33. Science/Research |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 19. Import/Export | <input type="checkbox"/> 34. Sports/Sporting Events |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 20. Insurance | <input type="checkbox"/> 35. Tax Services |
| <input type="checkbox"/> 6. Attorneys at Law | <input type="checkbox"/> 21. Legal Services | <input type="checkbox"/> 36. Technology (Computer) |
| <input type="checkbox"/> 7. Banking/Finance | <input type="checkbox"/> 22. Manufacturing | <input type="checkbox"/> 37. Technology (General) |
| <input type="checkbox"/> 8. Barbers/Cosmetology | <input type="checkbox"/> 23. Medicine/Dentistry | <input type="checkbox"/> 38. Television/Radio |
| <input type="checkbox"/> 9. Construction | <input type="checkbox"/> 24. Mining | <input type="checkbox"/> 39. Tourism/Convention Services |
| <input type="checkbox"/> 10. Contractor | <input type="checkbox"/> 25. News Media | <input type="checkbox"/> 40. Transportation |
| <input type="checkbox"/> 11. Credit/Collection | <input type="checkbox"/> 26. Pharmaceutical | <input type="checkbox"/> 41. Utilities |
| <input type="checkbox"/> 12. Education | <input type="checkbox"/> 27. Publishing/Printing | <input type="checkbox"/> 42. Veterinary Medicine/
Animal Care |
| <input type="checkbox"/> 13. Engineering | <input type="checkbox"/> 28. Ranching/Livestock | <input type="checkbox"/> 43. Other _____ |
| <input type="checkbox"/> 14. Entertainment | <input checked="" type="checkbox"/> 29. Real Estate | |
| <input type="checkbox"/> 15. Farming | <input type="checkbox"/> 30. Resort | |

PDW/EXT 01/15/97

ACC USE ONLY	
Fee	\$ _____
Penalty	\$ _____
Total	\$ _____

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less ☒ 26 - 100 _____ 101 - 500 _____ Over 500 _____

3. ~ ~ If appointing a new statutory agent, the new agent MUST consent to that appointment and PRESIDENT ~ ~
~ ~ or VICE PRESIDENT must sign this report. ~ ~

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

JAMIE A. BRODY
Statutory Agent Name

1112 W. CAMELBACK RD
Address

Signature

PHX AZ 85013
City, State, Zip

EXTENSION ATTACHED

4. **CAPITALIZATION:** (NOTE: Business Trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.)

Number of Shares Authorized	Class	Series	Par Value
1,000,000	COMMON		NONE

Number of Shares Issued	Class	Series	Par Value
1,000	COMMON		NONE

5. **OFFICERS** (If no changes since last report, check here ☐ and go on to Section 6.)

PRESIDENT: BRENT W. BOWLES

VICE PRESIDENT: _____

Address: 36611 N. 51ST STREET
CAVE CREEK, AZ 85331

Address: _____

Date taking office: 05 / 14 / 85

Date taking office: / /

SECRETARY: SONDRA R. BOWLES

TREASURER: _____

Address: 36611 N. 51ST STREET
CAVE CREEK, AZ 85331

Address: _____

Date taking office: 05 / 14 / 85

Date taking office: / /

6. **DIRECTORS** (If no changes since last report, check here ☐ and go on to Section 7.)

NAME: BRENT W. BOWLES

NAME: _____

Address: 36611 N. 51ST STREET
CAVE CREEK, AZ 85331

Address: _____

Date taking office: 05 / 14 / 85

Date taking office: / /

NAME: _____

NAME: _____

Address: _____

Address: _____

Date taking office: / /

Date taking office: / /

7. **SHAREHOLDERS** of record holding more than 20% of any class of shares issued by the corporation or having more than 20% beneficial interest in the corporation. If none, so state.

(If no changes since last report, check here ☐ and go on to Section 8.)

NAME BRENT W. BOWLES

NAME _____

NAME _____

NAME _____

~ ~ Attach Additional Sheets if Necessary ~ ~

HENRY & HORNE, P.L.C.
ADVISORS TO BUSINESS

THE CAREFREE DEVELOPMENT COMPANY

We have compiled the Statement of Financial Condition - Balance Sheet of THE CAREFREE DEVELOPMENT COMPANY as of March 31, 1996 included in the accompanying prescribed form, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. This financial statement is prepared on the cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

Our compilation was limited to presenting in the form prescribed by the Arizona Corporation Commission information that is the representation of management. We have not audited or reviewed the financial statement referred to above and, accordingly, do not express an opinion or any other form of assurance on it.

This financial statement is presented in accordance with the requirements of the Arizona Corporation Commission, which differ from the cash basis of accounting. Accordingly, this financial statement is not designed for those who are not informed about such differences.

HENRY & HORNE, P.L.C.

June 20, 1996

CERTIFIED PUBLIC ACCOUNTANTS

7300 EAST CAMELBACK ROAD SCOTTSDALE, ARIZONA 85251-3420 OFFICE (602) 994-9044 FAX (602) 947-9436

8. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. § 10-125.A.9.)

Complete the following Balance Sheet: OR

- attach a copy of Schedule L, Form 1120 filed with either the Internal Revenue Service or Arizona Department of Revenue; OR
- attach a copy of the corporation's financial statement as provided to shareholders pursuant to A.R.S. § 10-052.E. Books and Records; OR
- attach a copy of your Financial Report to Shareholders as required by A.R.S. § 10-127; OR
- If no business conducted this fiscal year, so state.

THE CAREFREE DEVELOPMENT COMPANY

BALANCE SHEET**ASSETS**

Current Assets:

Cash	\$ 9,617
Trade notes and accounts receivable (less allowance for bad debts)	
Inventories	
Other current assets	300

Total Current Assets	\$ 9,917
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Investments	
Land, buildings and other fixed assets (net of accumulated depreciation)	69,307
Intangible assets (net of amortization)	
Loans to shareholders	
Other assets	

Total Assets	\$ 79,224
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LIABILITIES AND OWNERS' EQUITY

Current Liabilities:

Accounts Payable	\$
Mortgages, notes, bonds (payable in less than 1 year)	
Other current liabilities	

Total current liabilities	\$ 0
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Mortgages, notes, bonds (payable in more than 1 year)	50,000
Loans from shareholders	
Other liabilities	

Total Liabilities	\$ 50,000
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Capital stock:	(a) Preferred stock	
	(b) Common stock	1,000

Paid-in-or capital surplus	
Less cost of treasury stock	
Retained earnings	28,224

Total Capital	\$ 29,224
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TOTAL LIABILITIES and EQUITY

	\$ 79,224
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SEE ACCOUNTANTS' COMPILATION REPORT.

9.A. CERTIFICATE OF DISCLOSURE (A.R.S. § 10-128)

Has any person serving either by election or appointment as officers, directors, trustees, incorporators and persons controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation:

1. Been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate;
2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate;
3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order:

- (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
- (b) involved the violation of the consumer fraud laws of that jurisdiction, or
- (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES _____

NO X

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

9.B. STATEMENT OF BANKRUPTCY (A.R.S. § 10-128.01)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes _____ Chapter _____ Date Filed _____ Case Number _____ No X

10. This report must be executed by the corporation and attested by it's president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

By X  Date 7/17/96 By _____ Date _____

Title Pres Title _____