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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 642314

(9)

1. Name of Corporation

KARANAN CORPORATION

2. Principal Office Address

RT 10 BOX 331-E
SINCLAIR DR
SARASOTA FL 34240

3. Mailing Address

RT 10 BOX 331-E
SINCLAIR DR
SARASOTA FL 34240



2. Principal Office Address

21 1001 SINCLAIR DR.

2a. Mailing Address

26 1001 SINCLAIR DR.

22. City

23 SARASOTA, FL

27. City

28 SARASOTA, FL

24 34240

25 USA

29 34240

30

g. Name and Address of Current Registered Agent

WALDEN, W R
SINCLAIR DR
SARASOTA FL 34240

1001 SINCLAIR DR.

81 Name

82 Street Address, P.O. Box Number is Not Acceptable

83

84 City

FL

85 Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that I am a resident of the State of Florida. I hereby certify that the corporation is a corporation organized under the laws of the State of Florida, and that I am a resident of the State of Florida. I hereby certify that the corporation is a corporation organized under the laws of the State of Florida, and that I am a resident of the State of Florida.

12. Officers and Directors

PVT

WALDEN, W.R.
SINCLAIR DR
SARASOTA FL

1001 SINCLAIR DR.
34240

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that I am a resident of the State of Florida. I hereby certify that the corporation is a corporation organized under the laws of the State of Florida, and that I am a resident of the State of Florida. I hereby certify that the corporation is a corporation organized under the laws of the State of Florida, and that I am a resident of the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

Digitized by...

CR2E034 (12/95)