

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 JUN 26 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750066 (3)

1. Corporation Name
KARINA APARTMENTS, INC.

Principal Place of Business Mailing Address
~~889 LAKE AVENUE LAKE WORTH FL 33460~~
~~889 LAKE AVENUE LAKE WORTH FL 33460~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/06/1979** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-2033264** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **958 So. Dixie Hwy** 26 **958 So. Dixie Hwy**
Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 **Lautana #1** 28 **Lautana #1**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 **33462** 25 **USA** 29 **33462** 30 **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
~~ANTILA, TAPIO~~
~~889 LAKE AVENUE~~
~~LAKE WORTH FL 33460~~

10. Name and Address of New Registered Agent
B1 Name **Ame Jaakkola**
B2 Street Address (P.O. Box Number is Not Acceptable) **958 So. Dixie Hwy**
B3
B4 City **Lautana** FL B5 Zip **33462**

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 *Ame Jaakkola* DATE **4-25-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **DSP**
NAME **JUVONEN, OSCAR**
STREET ADDRESS **3601 S. OCEAN BLVD., #401**
CITY - ST - ZIP **S PALM BCH FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **DT**
NAME ~~MANNANEN, PEKKA~~
STREET ADDRESS ~~510 N. 24TH AVE., #403~~
CITY - ST - ZIP ~~LAKE WORTH FL~~

2.1 TITLE **DT** Change Addition
2.2 NAME **KARI ARPOVEN**
2.3 STREET ADDRESS **1809 NO. N STREET**
2.4 CITY - ST - ZIP **LAKE WORTH, FL 33460**

TITLE **DVP**
NAME **KOMSTO, PENTTI**
STREET ADDRESS **510 N. 24TH AVE.**
CITY - ST - ZIP **LAKE WORTH FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **DS**
NAME **JOENSUU, KIMMO**
STREET ADDRESS **510 N. 24TH AVE., #102**
CITY - ST - ZIP **LAKE WORTH FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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)(4), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter J...* DATE **4-25-95**