

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **750066** (3)

1. Corporation Name
KARINA APARTMENTS, INC.



Principal Place of Business: **958 S DIXIE HWY LANTANA FL 33462 US**
Mailing Address: **958 S DIXIE HWY LANTANA FL 33462 US**

3. Date Incorporated or Qualified: **12/06/1979**
3a. Date of Last Report: **06/26/1995**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

4. FEI Number	Applied For
59-2033264	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

JAAKKOLA, ANNE
958 S DIXIE HWY
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DSP	<input checked="" type="checkbox"/> DELETE
NAME	JUVONEN, OSCAR	
STREET ADDRESS	3601 S. OCEAN BLVD., #401	
CITY-ST-ZIP	S PALM BCH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ARPONEN, KARI	
STREET ADDRESS	1809 N ST	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KOIVISTO, PENTTI	
STREET ADDRESS	510 N. 24TH AVE.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	JOENSUU, KIMMO	
STREET ADDRESS	610 N. 24TH AVE., #102	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PEKKA MAIJANEN	
1.3 STREET ADDRESS	510 24TH AVE. NO. #403	
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33460	
2.1 TITLE	CLAS OF VERSTROM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	510 24TH AVE. NO. #605	
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33460	
3.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VAINO SAHARI	
3.3 STREET ADDRESS	5017 VIA VERMILYA ST. # 8405	
3.4 CITY-ST-ZIP	LANTANA, FL 33462	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* DATE: **3/19/96**

CR2E037 (12/95)