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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/06/1979	
4. FEI Number 59-2033264	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JAKKOLA, 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HARJANEN, PEKKA	
STREET ADDRESS	510 24TH AVE NO. #403	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NIEMI, OSVI	
STREET ADDRESS	510 24TH AVE NO	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOONAN SR, THOMAS	
STREET ADDRESS	510 24TH AVE NO	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LOPONEN, ELNO	
STREET ADDRESS	510 24TH AVE NO	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAHARI, VAINO	
STREET ADDRESS	5917 VIA VERMILYA ST, #B405	
CITY-ST-ZIP	LANTANA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KARI ARPONEN	
1.3 STREET ADDRESS	1809 N. N STREET	
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33460	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *Thomas Noonan Sr*

3/20/98

CR2E037 (10/97)