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 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 750066 1. Corporation Name KARINA APARTMENTS, INC.			
Principal Place of Business 958 S DOXE HWY LANTANA FL 33462 US		Mailing Address 958 S DOXE HWY LANTANA FL 33462 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/06/1979	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		59-2033264	
24. Country		29. Country		30. Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JAANKOLA, ANNE 958 S DOXE HWY LANTANA FL 33462				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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	N/D
NAME	ARPONEN, KARL	1.2 NAME	KARI HURHEMMAA
STREET ADDRESS	1809 NORTH N STREET	1.3 STREET ADDRESS	510 24TH AVE. NO. #103
CITY-ST-ZIP	LAKE WORTH FL 33460	1.4 CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	SD	2.1 TITLE	T/D
NAME	NIEMI, OSVI	2.2 NAME	HEIKKI SUOMALAINEN
STREET ADDRESS	510 24TH AVE NO	2.3 STREET ADDRESS	510 24TH AVE. NO. #103
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	PD	3.1 TITLE	S/D
NAME	NOONAN SR. THOMAS	3.2 NAME	KIMMO JOENSUU
STREET ADDRESS	510 24TH AVE NO	3.3 STREET ADDRESS	510 24TH AVE. NO. #102
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ DATE: 5-21-1999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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