FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # F477: KAREN ARMEL CORPORATION

(5)

FILED Apr 16 1997 8:00am Secretary of State

Principal Place 202 WHARFSII JACKSONVILLI US	DE WAY	1040 KELLOW DR	JACKSONVILLE FL 32216-2525					
						3. Date Incorporated or Qualified 10/01/1981	3a. Date of £ 04/18/1	
2. Principal Pla 21 10 40	Kellow Brive.	2a. Mailing Address 26	ŋ			4. FE! Number 59-2240124		Applied For Not Applicable
Suite, Apt. #	·	Suite, Apt. #, etc.	**			5. Certificate of Status Desired		.75 Additional ee Required
City & State	INVILLE,7L	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip Country 24 32216 25 USA		Ž(ρ)	Country 30			8. This corporation has liability for Florida Statutes	intangible tax ur Yes No	nder s. 199,032,
	9. Name and Address of Curren THSTEIN, SIMON A			81	Name	10. Name and Address of New Re	gistered Agent	
441	7 BEACH BLVD TE 104			82	Street A	Address (P.O. Box Number is Not Accepta	ple)	
	KSONVILLE FL 32207			83				
				84	City		FL 85	Zip Code
11. Pursuant to office or re agent. I an	o the provisions of Sections 607.050: gistered agent, or both, in the State n familiar with, and accept the obliga	2 and 607,1508, Florida State of Florida, Such change was ations of, Section 607.0505, F	utes, the at authorized forida Stat	oovo 3 by ules	-named of the corp	corporation submits this statement for the oration's board of directors. Thereby acce	ourpose of chang pt the appointme	ging its registered ant as registered
SIGNATURE :	4/ / / /	e Preside	nt			required when reinstating)	4-1-97 DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	
TITLE	DP Armel, Karen	LJ OFFFIE	1.1 111				Let U	hange Addition
STREET ADDRESS 8769 COMO LAKE DRIVE			1.2 NAME 1.3 STREET ADDR		ADDRESS	1040 KELLOW DRIVE		
CITY-ST-ZIP	JACKSONVILLE, FL 00000					JACKSONVILLE, 76 3	12216-25	72.5
TITLE		DELETE	DELETE 2.1 TITL				☐ Ct	hange 🔲 Addition
NAME			2.2 NAME					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2. 4 Cl 3.1 111		T - ZIP	A	□ Cr	nange Addition
NAME		Las Octobe	3.2 NA					
STREET ADDRESS			3.3 S1	REETA	ADDRESS			İ
CITY-ST-ZIP			3.4. CI	1Y-8	1 - ZIP			
TITLE		☐ DEL€1E	☐ DEL€1E 4.1 TI				∐ Cr	hange LJ Addition
NAME			4. 2 N					
STREET ADORESS					ADDRES\$			
CITY-ST-ZIP		DELETE	4.4 CI 5.1 111		1-7IP		Cr	nange 🔲 Addition
TITLE			5.1 III				[] 0	iange
NAME Street address					ADDRESS			
CITY-ST-ZIP			5.4 CF					
TITLE		DETETE	6.1 111				☐ Cr	hange 🔲 Addition
NAME			6.2 NA	MŁ				
STREET ADORESS			6.3 ST	REE1 A	ADDRESS			
CITY-ST-ZIP			6.4 CI	(Y- S1	- 7IP			
14. I do horeb	y certify that the information supplied	with this filing does not qua	lify for the	ехег	nption st	ated in Section 119.07(3)(i), Florida Statute	s. I further certif	y 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 or I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.