SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H23126

(6)

KARAV, INC.

FILED

Jul 21 1998 8:00am

Secretary of State

		·					
Principal Place of Business Mailing Address			* 188(8)1 2113 11662 11761 11878 11876 E117 41811	11611 bibil 41011 kini sibil 1851			
2500 POWERLINE RD POMPANO BCH FL 33069			2500 POWERLINE RD POMPANO BCH FL 33069				
		POMPANO E			DO NOT WRITE IN THE	DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	•
						09/28/1984	
2. Principal P	lace of Business	2a. Mailing	Address		,	4. FEI Number	Applied For
21		26				NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.		h	Sulte, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27	City 9 State				Fee Required
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 Zip		Country		8. This corporation owes or has paid the cu	
24	25	29		30	,	Personal Property Tax due June 30.	Yes / Yes
7 3 4	9. Name and Address of Cur	<u>Liil</u>	ent	11		10. Name and Address of New Registered	Agent
STAF	RR, S T UART J.			81	Name		
	ANDREWS AVE, STE 340			82	Street Ad-	dress (P.O. Box Number is Not Acceptable)	
	AUDERDALE FL 33301						
	•			83	3		
				84	City		85 Zip Code
					<u> </u>	Ft	
11. Pursuant	to the provisions of sections 607.0 registered agent, or both, in the St)502 and 607.1508, late of Etorida, Such	Florida Statute	s, the above	e-named corp	poration submits this statement for the purpose of cation's board of directors. I hereby accept the appo	hanging its registered
agent. I a	am familiar with, and accept the o	oligations of, section	607.0505, Flo	orida Statute	is.	anone board of anothere. Thereby absort the appe	and the state of t
SIGNATURE			_ 				
12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	(NC	13.	Agent signature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	T	DELETE	1.1 TITLE	<u> </u>		Change Addition
NAME	KARAVASILIS, PETER	L		1.2 NAME			Change [radicon
STREET ADDRESS	4976 NW 50TH ST			1.3 STREE	TADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL			1.4 CITY-S	ST-ZIP		i i
TITLE			DELETE	2.1 TITLE			Change Addition
NAME				2.2 NAME			••
STREET ADDRESS				2.3 STREE	TADDRESS		
CITY-ST-ZIP	<u> </u>			2.4 CITY-9	T-ZIP		
TITLE		L	DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP TITLE			7	3.4 CITY-S 4.1 TITLE	T-ZIP		<u> </u>
NAME		L	DELETE	4.1 THLE 4.2 NAME			Change Addition
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP				4.3 STREE			ļ
TITLE		<u> </u>	DELETE	5.1 TITLE	1-21-	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		Ĺ		5.2 NAME			- Accident
STREET ADDRESS	•			5.3 STREE	TADDRESS		
CITY-ST-ZIP	•			5.4 CITY-S			
TITLE			DELETE	6.1 TITLE		SAAAAASSAC	Change Addition
NAME		_		6.2 NAME		600 0025969 -07/23/9801086	n44 ~2
STREET ADDRESS	и			6.3 STREE	T ADDRESS	***1S0,00	74
CITY-ST-ZIP				6.4 CITY-S	T-ZIP		
indicated o	on thi s a nnual report or supplemen	ital annual report is t	true and accur	rate and tha	t my signatur	ection 119.07(3)(i), Florida Statutes. I further certify re shall have the same legal effect as if made und required by Chapter 607, Florida Statutes; and tha	er oath; that I am
in Block 12	or Block 13 if changed, or on an	attachment with an	address.			The state of the s	0

JULY 9, 1998
TO FLORIDA DEDT. OF STATE.

SIVISION OF CORPORATIONS.

DOCUMENT. # H23126.

I WOULD LIKE TO INFORM YOUR OFFICE, THAT I NEVER RECEIVED THE FIRST APPLICATION NOTICE FROM YOU.

TO ME TO PAY THE PENALTY.

MY PREVIOUS RECORDS WOULD

SHOW YOU THAT WHEN I RECEIVE

THE APPLICATION ON TIME I

DO ALWAYS PAY PRIOR TO DUE BATE.

I CALLED YOUR OFFICE ON 7-8-98

AND WAS INSTRUCTED TO SEND IN

MY CHECK FOR YISO.OO, WITH

THIS LETTER.

PLARAVASILIS
RARAVASILIS
RARAVASILIS