Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90095 043 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J18374 1. Corporation Name

THE KARPAY COMPANY

Mailing Address				I INNITALE ALDE TINDE TREATE LEBET DING DIDIT DIN	H BIBH BIBH	
13902 N DALE MABRY 13902 NO. MABRY HWY. STE 260 TAMPA FL 33618-9424		}		DO NOT WRITE IN THIS S	SPACE	
				3. Date Incorporated or Qualifed 06/09/1986		
2a. Mailing Address				4. FEI Number	A	oplied For
26				59-2714541	N	ot Applicable
Suite, Apt. #, etc.	350)		5. Certificate of Status Desired		Additional equired
City & State				6. Election Campaign Financing Trust Fund Contribution		⊮ay Be to Fees
Zip	Zip Country			8. This corporation owes the current year intar	ngible	
29	30			Personal Property Tax.	☐ Yes	No
Current Registered Agent				10. Name and Address of New Registered A	gent	
10101 LAKE COVE LANE TAMPA FL 33618 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes.		ahove	a-named c	reporation submits this statement for the purpose of creticals board of directors. I bereby accept the arrigin	hanging its	Code s registered
obligations of, Section 607.0505,	Florida St	atutes	·			
			it signature rec	,	DIRECT	DES IN 12
				ADDITIONS/CHANGES TO CITTOERO		☐ Additio
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2011E 320			i			
		2.1 TITLE				
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☐ DELETE			-		Change	Additio
_	2.2	NAME	Annress		Change	Additio
RY, SUITE 350	2.2 2.3	NAME STREET	ADDRESS		Cnange	☐ Additio
_	2.2 2.3 2.4	NAME			Change	☐ Additio
BRY, SUITE 350	2.2 2.3 2.4	NAME STREET CITY-S				
	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Current Registered Agent O7.0502 and 607.1508, Florida St State of Florida. Such change we obligations of, Section 607.0505, ared agent and title if applicable RS AND DIRECTORS DELETE SUITE 350	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Current Registered Agent 27.0502 and 607.1508, Florida Statutes, the State of Florida. Such change was authorizobligations of, Section 607.0505, Florida State of Florida State o	13902 NO. MABRY HWY. STE. 260 TAMPA FL 33618-9424	13902 NO. MABRY HWY. STE. 260 TAMPA FL 33618-9424 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 Current Registered Agent 81 Name 82 Street A 83 84 City 27,0502 and 607.1508, Florida Statutes, the above-named of State of Florida. Such change was suthorized by the corpor obligations of, Section 607.0505, Florida Statutes. 28 SUITE 350 13. STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Mailing Address 13902 NO. MABRY HWY. STE. 260 TAMPA FL 33618-9424 DO NOT WRITE IN THIS S 3. Date Incorporated or Qualifed 06/09/1986 4. FEI Number 59-27/14541 Suite, Apt. #, etc. 27 City & State 28 City & State 29 30 Country 8. This curporation owes the current year intal Personal Property Tax. Current Registered Agent 10. Name and Address of New Registered Agent Name 82 Street Acidress (P.O. Box Number is Not Acceptable) 83 84 City FL 37.0502 and 607.1508, Florida Statutes, the above-named or ropration submits this statement for the purpose of c State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint obligations of, Section 607.0505, Florida Statutes. Intel agent and title if applicable (NOT : Registered Agent signature req. ired when reinstating) DATE RS AND DIRECTORS 13. STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP SUITE 350	13902 NO. MABRY HWY. STE 260 TAMPA FL 33618-9424 2a. Mailing Address 2b. Suite, Apt. #, etc. 350 City & State City & State Zip Country B. This curporation owes the current year intangible Personal Property Tax. Yes Surrent Registered Agent B1 Name 82 Street Acidress (P.O. Box Number is Not Acceptable) 83 State of Florida. Such change was authorized by the corporation's board of clirectors. I hereby accept the apt ointment as reobligations of, Section 607.0505, Florida Statutes. Indicate of Status Desired Agent S5.00 Trust Fund Contribution Added Personal Property Tax. Yes 10. Name and Address of New Registered Agent B1 Name 82 Street Acidress (P.O. Box Number is Not Acceptable) 83 State of Florida. Such change was authorized by the corporation's board of clirectors. I hereby accept the apt ointment as reobligations of, Section 607.0505, Florida Statutes. Indicate Agent Applicable (NOT : Registered Agent signature required when reinstating) DATE RS ANI DIRECTORS 13. ADDITI NS/CHANGES TO OFFICERS AND DIRECTORS SUITE 350 SUITE 350

6.4 CITY-ST-ZIP 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 contrify 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 of powered 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 find a statute with an address, with all other like impowered.

3.4. CITY-ST-ZIP

4,3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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