


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K79078 (7)</b> 1. Corporation Name <b>KARMA OF FLORIDA, INC.</b>					
Principal Place of Business <b>% MIRIAM TASSINARE 1642 LOMA LINDA ST SARASOTA FL 34239</b>			Mailing Address <b>% MIRIAM TASSINARE 1642 LOMA LINDA ST SARASOTA FL 34239</b>		
2. Principal Place of Business 21 <b>1642 Loma Linda</b> Suite, Apt #, etc 22 City & State 23 <b>Sarasota FL</b> Zip Country 24 <b>34239</b> 25 <b>US</b>		2a. Mailing Address 26 <b>1642 Loma Linda</b> Suite, Apt #, etc 27 City & State 28 <b>Sarasota FL</b> Zip Country 29 <b>34239</b> 30 <b>US</b>		3. Date Incorporated or Qualified <b>04/10/1989</b> 3a. Date of Last Report <b>05/01/1995</b> 4. FEI Number <b>65-0109482</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>TASSINARE, MIRIAM 1642 LOMA LINDA ST SARASOTA FL 34239</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE <i>Miriam Tassinare</i> 6-20-96 <small>(Signature required for printed name of registered agent and, if applicable, (NOTE: Registered Agent's signature required when reinstating) DATE)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HENDON, JOSHUA</b>		12 NAME		
STREET ADDRESS	<b>176 DOGWOOD AVE</b>		13 STREET ADDRESS		
CITY - ST - ZIP	<b>ROSLYN HARBOR NY</b>		14 CITY - ST - ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HENDON, FRANCES</b>		22 NAME		
STREET ADDRESS	<b>176 DOGWOOD AVE</b>		23 STREET ADDRESS		
CITY - ST - ZIP	<b>ROSLYN HARBOR NY</b>		24 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY - ST - ZIP			34 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY - ST - ZIP			44 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY - ST - ZIP			54 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY - ST - ZIP			64 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: <i>Miriam Tassinare</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6-20-96 741 364 8561 <small>Daytime Phone #</small>		

CR2E034 (3/96)