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 # M14593 1. Corporation Name

KARAL, INC.

			•		
Principal Place	e of Business	Mailing Address	-	T () PATABOLI (III) ITALI ATABU ALIVE 1616A (III ATABU	SISH SISH GIRL SISH SISH SISH 1001
5030 CHAMPIO		5030 CHAMPION BLVD			
SUITE GID		SUITE GID			
BOCA RATON FL 33496		BOCA RATON FL 33496		DO NOT WRITE IN THIS	S SPACE
		•		3. Date Incorporated or Qualifed 04/25/1985	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-25 18033	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		J, 00 110 10 10 10 10 10 10 10 10 10 10 10	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	
24	25	1 ⁻⁰ 1	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent	12.1	10. Name and Address of New Registered	Agent
	3. A. A. A. P. A. A. B. A.	No.	81 Name		
	OW, ALLEN N		82 Street A	Address (P.O. Box Number is Not Acceptable)	
	CHAMPION BLVD.			restation to the district of the first of	
	TE G1D		83	· · · · · · · · · · · · · · · · · · ·	[主题編輯][[2]]
BOC	CA RATON FL 33496		84 City	4 or 1 of 1	85 Zip Code
			1.1.	Fi Fi	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpose of	of changing its registered
VS Office or r	rogistored agent or both in the Stati	e of Fiorida. Silch chande was au	imonzea by the corbc	corporation submits this statement for the purpose or oration's board of directors. I hereby accept the appropriate the control of the contro	of changing its registered bintment as registered
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Statum familiar with, and accept the oblig	e of Fiorida. Silch chande was au	imonzea by the corbc	corporation submits this statement for the purpose of pration's board of directors. I hereby accept the appora-	of changing its registered plantment as registered
VS Office or r	rogistored agent or both in the Stati	e of Flonda, Such change was augations of, Section 607.0505, Flon	imonzea by the corbc	equired when reinstating) DATE	
office or r agent. I a	registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida, Such change was augations of, Section 607.0505, Flori gent and title if applicable. (NOTE: NDD DIRECTORS	da Statutes. Registered Agent signature re	ration's board of directors. Thereby accept the appr	IND DIRECTORS IN 12
office or r agent. La SIGNATURE	registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such change was augations of, Section 607.0505, Flori gent and title if applicable. (NOTE:	ida Statutes.	equired when reinstating) DATE	
office or ragent. La SIGNATURE	registered agent, or both, in the Stati im familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida, Such change was augations of, Section 607.0505, Flori gent and title if applicable. (NOTE: NDD DIRECTORS	da Statutes. Registered Agent signature re	equired when reinstating) DATE	IND DIRECTORS IN 12
SIGNATURE 12.	egistered agent, or both, in the Stati im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	e of Florida, Such change was augations of, Section 607.0505, Flori gent and title if applicable. (NOTE: NDD DIRECTORS	Registered Agent signature re	equired when reinstating) DATE	IND DIRECTORS IN 12
office or rangement. La SIGNATURE 12. TITLE NAME	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N.	e of Florida, Such change was augations of, Section 607.0505, Flori gent and title if applicable. (NOTE: NDD DIRECTORS	into ized by the corporate to its interest and its intere	equired when reinstating) DATE	ND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD	e of Florida, Such change was augations of, Section 607.0505, Flori gent and title if applicable. (NOTE: NDD DIRECTORS	Intolized by the corporate in a Statutes. Registered Agent signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	equired when reinstating) DATE	IND DIRECTORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD	e of Florida, Such change was augations of, Section 607.0505, Floridant and title if applicable. NOTE: NOTE: DELETE	Inforced by the corporate in a Statutes. Registered Agent signature re 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP	equired when reinstating) DATE	ND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD	e of Florida, Such change was augations of, Section 607.0505, Floridant and title if applicable. NOTE: NOTE: DELETE	Registered Agent signature of 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	equired when reinstating) DATE	ND DIRECTORS IN 12 Change Addition
office or I agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD	e of Florida, Such change was augations of, Section 607.0505, Floridant and title if applicable. NOTE: NOTE: DELETE	Registered Agent signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	equired when reinstating) DATE	ND DIRECTORS IN 12 Change Addition Change Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD	e of Florida, Such change was augations of, Section 607.0505, Floridant and title if applicable. NOTE: NOTE: DELETE	Registered Agent signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	equired when reinstating) DATE	ND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD	e of Florida. Such change was augations of, Section 607.0505, Floringent and title if applicable. (NOTE: NDD DIRECTORS DELETE	Registered Agent signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	equired when reinstating) DATE	ND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD	e of Florida. Such change was augations of, Section 607.0505, Floringent and title if applicable. (NOTE: NDD DIRECTORS DELETE	Registered Agent signature re 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	equired when reinstating) DATE	ND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD	e of Florida. Such change was augations of, Section 607.0505, Floringent and title if applicable. (NOTE: NDD DIRECTORS DELETE	Registered Agent signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	equired when reinstating) DATE	ND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD	e of Florida. Such change was augations of, Section 607.0505, Floringent and title if applicable. (NOTE: NDD DIRECTORS DELETE	Registered Agent signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	equired when reinstating) DATE	ND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD	gations of, Section 607.0505, Flori gent and title if applicable. (NOTE: NDD DIRECTORS DELETE DELETE	Registered Agent signature of 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	equired when reinstating) DATE	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD BOCA RATON FL	e of Florida. Such change was augations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505,	Registered Agent signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	equired when reinstating) DATE	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD BOCA RATON FL	e of Florida. Such change was augations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505,	Registered Agent signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	equired when reinstating) DATE	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD BOCA RATON FL	e of Florida. Such change was augations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 6	Registered Agent signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	equired when reinstating) DATE	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD BOCA RATON FL	e of Florida. Such change was augations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505,	Registered Agent signature of 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	Change Addition Change Cha
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD BOCA RATON FL	e of Florida. Such change was augations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 6	Registered Agent signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	Change Addition Change Cha
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD BOCA RATON FL	e of Florida. Such change was augations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 6	Registered Agent signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	Change Addition Change Cha
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSD ISROW, ALLEN N. 5030 CHAMPION BLVD BOCA RATON FL	e of Florida. Such change was augations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 6	Registered Agent signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	Change Addition Change Cha

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 607, 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90034 032 ***150.00