


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

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M55385 (2) 1. Corporation Name KARENEL, INC.					
Principal Place of Business C/O JOEL SUGARMAN 1257 N.W. 114TH AVE CORAL SPRINGS FL 33071			Mailing Address C/O JOEL SUGARMAN 1257 N.W. 114TH AVE CORAL SPRINGS FL 33071		
2. Principal Place of Business 21 2856 E. Oakland Park Blvd Suite, Apt. #, etc.		2a. Mailing Address 26 2856 E. Oakland Park Blvd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/13/1987	
22 City & State 23 FT. Lauderdale Fla.		27 City & State 28 FT. Lauderdale Fla.		4. FEI Number 59-2828532 Applied For Not Applicable	
24 33306 Country		25 Broward		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SUGARMAN, KAREN 1257 N.W. 114TH AVE CORAL SPRINGS FL 33071				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	
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>[Signature]</i> <i>Paul Sugarmann R.A.</i> DATE 1/15/98 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	DST	<input type="checkbox"/> DELETE			
NAME	SUGARMAN, KAREN				
STREET ADDRESS	1257 N.W. 114TH AVE				
CITY-ST-ZIP	CORAL SPRINGS FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	SUGARMAN, KAREN				
STREET ADDRESS	1257 N.W. 114TH AVE				
CITY-ST-ZIP	CORAL SPRINGS FL				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	SUGARMAN, JOEL				
STREET ADDRESS	1257 N.W. 114TH AVE				
CITY-ST-ZIP	CORAL SPRINGS FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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)(c), 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/98 954-567-0320
Date Daytime Phone #

0160698

CR2E034 (10/97)