## 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 # M66425

KARP ENTERPRISES, INC.

KAHP EN	IEHPHISES, INC.						
Dringing Place	of Business	Mailing Address					
Principal Place of Business		1999 UNIVERSITY DR					
1999 UNIVERSITY DR STE 213		STE 213		DO NOT WRITE IN THIS SPACE			
CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33071		3. Date Incorporated or Qualifed			
US		US		01/28/1988			
			_		4. FEI Number		Applied For
2. Principal Pla	ace of Business	2a. Mailing Address			22-2348718	<u> </u>	Not Applicable
21					T		5 Additional
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee	Required
22		City & State			6. Election Campaign Financing	\$5.0	00 May Be
City & State	•	<b>├</b> ─¬ '			Trust Fund Contribution	Add	ed to Fees
23		<b>28</b>	Countr	v	8. This corporation owes the cu	rrent year Intangible	_
Zip ⊢-¬	Country	I.— '	10	•	Personal Property Tax.	Yes	□No _
24	9. Name and Address of Current	<u> </u>	<del>~</del> 1		10. Name and Address of New	Registered Agent	
	9. Name and Address of Current	:	8	1 Name			
MADE	THOMAS L	•	Ļ	<u> </u>	ress (P.O. Box Number is Not Accep	ntable)	
	UNIVERSITY DR		8:	2 Street Add	ress (P.O. Box Number is Not Nose)		
STE			8	3	18 27 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	为15年 海绵	
	AL SPRINGS FL 33071		<u> </u>	<u> </u>		85	Zip Code
	***	.'	1 -	4 City		FL I i	· \
	to the provisions of Sections 607.050	A COZIAEGO Elosido Statuto	s the aho	ve-named corr	poration submits this statement for th	e purpose of changing	g its registered
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was au	thorized b	y the corporati	ion's board of directors. I hereby acc	ept the appointment a	s registered
িটে office or re	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statute	es.			(4) · · · · · · · · · · · · · · · · · · ·
ිදිම agent al	m tamiliar with and accept the obliga	1		es.	red when reinstating)	DATE	<u> </u>
ිදිම agent al	Standaure, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered A	es.	red when reinstating)	DATE	CTORS IN 12
ිදිම agent al	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered Ag	gent signature requir	red when reinstating)  ADDITIONS/CHANGES TO C	DATE	CTORS IN 12
SIGNATURE	Signature, typed or printed name of registered ager  OFFICERS AN	nt and title if applicable. (NOTE:	Registered Ag	gent signature requir	red when reinstating)	DATE DEFICERS AND DIRE	CTORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN PD KARP, THOMAS L.	nt and title if applicable. (NOTE:	Registered As 13. 1.1 TITLI 1.2 NAM	gent signatura requir	red when reinstating)  ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRE	CTORS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90009 008 \*\*\*150.00