FILED Apr 24, 2003 8:00 am Secretary of State

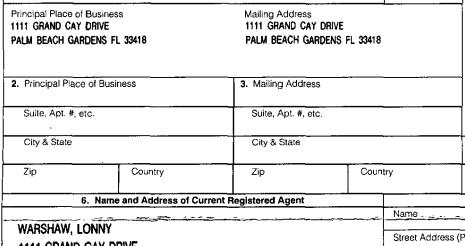
04-24-2003 90168 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBŔ)

DOCUMENT #

P01000031022

1. Entity Name KARLON, INC. Mailing Address



| 2. Principal ridge of Business | | | J. Wicani | 3. Maining Address | | | | | | | |
|--|-----------------|--|------------|---------------------|--|---|--|---------|--------------------------------|------------------------------|--|
| Suite, Apt. #, etc. | | | Suite | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City | & State | | 4. FEI Number 65-1099694 | | | | pplied For lot Applicable | |
| Zip | | Country | Zip | Zip Cou | | 5 . 0 | ertificate of Status Desired | | \$8.75 Ac Fee Requir | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | | | | | |
| | | | | | Name _ | Name | | | | | |
| WARSHAW, LONNY 1111 GRAND CAY DRIVE | | | | Street Address | | ddress (P.O. Bo | ox Number is Not Acceptable) | | | | |
| PALM BEA | ACH GARDE | NS FL 33418 | | | | | | | | | |
| | | | | | City | | | FL | Zip Co | de | |
| | tions of regist | | _ | | gistered office or egistered Agent signature | | ent, or both, in the State of Florid | DATE | amiliar with | , and accept | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | 9. Election Campaign Finar Trust Fund Contribution. | ncing | \$5. 0 Adde | 00 May Be | |
| 10. | | OFFICERS AN | D DIRECTOR | RS | 11. | ADI | DITIONS/CHANGES TO OFFIC | ERS AND | DIRECTOR | RS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1 | /, Lonny ND Cay Drive Ch Gardens FL 33 | 418 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | - | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Something of T | . • . | □ Delete ~ | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | _ <.5 = | | Change | Addition | |

TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

TITLE

NAME

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

☐ Delete

☐ Delete

Date

☐ Change

☐ Change

■ Addition

Addition