

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P36509** (8)
1. Corporation Name
KARISMA CORPORATION

Principal Place of Business
**2117 HOLLYWOOD BLVD.
SUITE 314
HOLLYWOOD FL 33020
US**

Mailing Address
**P.O. BOX 22-3817
HOLLYWOOD FL 33022-3817**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1991	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. FEI Number 65-0295476	26. Applied For Not Applicable
27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country	31. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	32. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
33. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				34. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

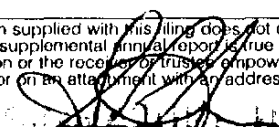
9. Name and Address of Current Registered Agent ANIN, ROMAN P CMC 2117 HOLLYWOOD BLVD. SUITE 314 HOLLYWOOD FL 33020				10. Name and Address of New Registered Agent			
81. Name ANIN, ROMAN P., CMC				82. Street Address (P.O. Box Number is Not Acceptable) 2117 HOLLYWOOD BLVD.,			
83. Suite, Apt. #, etc. SUITE 314				84. City HOLLYWOOD			
85. State FL				86. Zip Code 33020			

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  **ROMAN P. ANIN, CMC, REGISTERED AGENT 04/06/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PTSD			1.1 TITLE	PTSD		
NAME	ANIN, ROMAN P C			1.2 NAME	ANIN, ROMAN P., CMC		
STREET ADDRESS	2430 POLK ST			1.3 STREET ADDRESS	2430 POLK ST		
CITY - ST - ZIP	HOLLYWOOD FL			1.4 CITY - ST - ZIP	HOLLYWOOD FL 33020		
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				2.1 TITLE			
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY - ST - ZIP				2.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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)(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.

SIGNATURE:  **ROMAN P. ANIN, CMC**
PTSD 04/06/98 (954) 221-5500

CP2E034 (10/97)