


FILED

Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000002441 (2)
1. Corporation Name
K.L.M. SPARTA, INC.

Principal Place of Business
1018 62ND AVENUE NORTH
ST. PETERSBURG FL 33702

Mailing Address
1018 62ND AVENUE NORTH
ST. PETERSBURG FL 33702-7420

2. Principal Place of Business
21 Suite Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
01/04/1993

3a. Date of Last Report
04/16/1996

4. FEI Number
59-3155343

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
KARKOULAS, PAUL
1018 62ND AVENUE NORTH
ST. PETERSBURG FL 33702

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

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 X [Signature] PAUL KARKOULAS PRES. 3-28-97
[Signature typed or printed name of registered agent and title, if applicable] (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1. TITLE D
2. NAME KARKOULAS, PAUL
3. STREET ADDRESS 1018 62ND AVENUE NORTH
4. CITY-ST-ZIP ST. PETERSBURG FL 33702
5. TITLE D
6. NAME MAKRIILAS, TOM GEORGINA
7. STREET ADDRESS 1018 62ND AVENUE NORTH
8. CITY-ST-ZIP ST. PETERSBURG FL 33702
9. TITLE D
10. NAME LARES, DAN
11. STREET ADDRESS 1018 62ND AVENUE NORTH
12. CITY-ST-ZIP ST. PETERSBURG FL 33702
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 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
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: X [Signature] PRESIDENT. PAUL KARKOULAS
[Signature typed or printed name of signing officer or director]

Date
Daytime Phone #

CR2E034 (9/96)