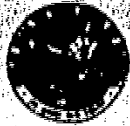


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034457 (0)

1. Corporation Name  
KARPAT INC.

Principal Place of Business:

845 N.E. DIXIE HWY.  
JENSEN BCH. FL 34957  
US

Mailing Address:

1901 NE CRABTREE LN  
JENSEN BEACH FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/12/1993

3a. Date of Last Report  
08/09/1994

4. FEI Number  
65-0418930

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

7. This corporation has liability for unexcused tax under Chapter 206,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business:

21. Suite Apt. # etc.

2a. Mailing Address:

26. Suite Apt. # etc.

22. City & State:

27. City & State:

23. City:

28. City:

24. State:

25. State:

29. State:

30. State:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENESICK, PATRICIA  
1901 NE CRABTREE LN  
JENSEN BEACH FL 34957

81. Name:

82. Street Address (P.O. Box Number is Not Acceptable):

83. City:

84. City:

FL

85. Zip Code:

11. Pursuant to the provisions of Sections 607.0142 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 this appointment as registered agent. I am familiar with and accept the provisions of Sections 607.0142 and 607.1508, Florida Statutes.

SIGNATURE:

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME                 | STREET ADDRESS        | CITY, ST, ZIP   |
|-------|----------------------|-----------------------|-----------------|
| PDT   | MENESICK, DENNIS J   | 1901 NE CRABTREE LANE | JENSEN BEACH FL |
| VS    | MENESICK, PATRICIA N | 1901 NE CRABTREE LANE | JENSEN BCH. FL  |
|       |                      |                       |                 |
|       |                      |                       |                 |
|       |                      |                       |                 |
|       |                      |                       |                 |
|       |                      |                       |                 |
|       |                      |                       |                 |

| TITLE | NAME | STREET ADDRESS | CITY, ST, ZIP | Change                   | Addition                 |
|-------|------|----------------|---------------|--------------------------|--------------------------|
|       |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.021(4)(b), Florida Statutes. I further certify that this information is accurate and that my signature shall have the same legal effect as if made under oath. But I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing. If changed, give an address with an address.

SIGNATURE:

(Signature of Dennis J. Menesick)

DENNIS J. MENESICK

4/26/95 4073348762

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature of Registered Agent)