

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

FILED

Feb 04 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 # P94000005255 (2)

1. Corporation Name
KARPAY HOMES, INC.



Principal Place of Business

13902 N DALE MABRY HWY
SUITE 265
TAMPA FL 33618

Mailing Address

13902 N DALE MABRY HWY
SUITE 265
TAMPA FL 33618-2424

2. Principal Place of Business

21 5824 Aventura Ct.
Suite, Apt. #, etc.

2a. Mailing Address

26 5824 Aventura Ct.
Suite, Apt. #, etc.

City & State

23 Tampa FL

City & State

28 Tampa FL

Zip

24 33625

Country

25 USA

Zip

29 33625

Country

30 USA

9. Name and Address of Current Registered Agent

KARPAY, BARRY I
13902 N DALE MABRY HWY
SUITE 265
TAMPA FL 33618

3. Date Incorporated or Qualified

01/21/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3219854

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

10. Name and Address of New Registered Agent

81 Name

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

5824 Aventura Ct.

83

84 City

Tampa

FL

85 Zip Code

33625

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of record 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

Signature typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

1/22/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	KARPAY, BARRY I	
STREET ADDRESS	13902 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	KARPAY, JOYCE Y.	
STREET ADDRESS	13902 N. DALE MABRY #265	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEWIS, DALE F.	
STREET ADDRESS	13902 N. DALE MABRY, #265	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5824 Aventura Ct.
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5824 Aventura Ct.
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	13902 N. Dale Mabry, # 260
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of this statement or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97
Date

813-968-1777 x123
Daytime Phone

CR2E034 (9/96)