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FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

5824 AVENTURA CT
TAMPA FL 33625

5824 AVENTURA CT
TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1994

4. FEI Number

59-3219854

Applied For

Not Applicable

6. 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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 16105 N. Florida Ave

26 16105 N. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite E

27 Suite E

City & State

City & State

23 Lutz

28 Lutz

Zip

Country

Zip

Country

24 33549

29 33549

9. Name and Address of Current Registered Agent

KARPAY, BARRY I
5824 AVENTURA CT.
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name

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

16105 N. Florida Ave

83 Suite E

84 City

Lutz

FL

85 Zip Code

33549

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME KARPAY, BARRY I
STREET ADDRESS 5824 AVENTURA CT.
CITY-ST-ZIP TAMPA FL

TITLE VPT ☐ DELETE

NAME KARPAY, JOYCE Y.
STREET ADDRESS 5824 AVENTURA CT.
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE

NAME LEWIS, DALE F.
STREET ADDRESS 13902 N. DALE MABRY, #260
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 16105 N. Florida Ave, Suite E

1.4 CITY-ST-ZIP Lutz, FL 33549

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 16105 N. Florida Ave, Suite E

2.4 CITY-ST-ZIP Lutz, FL 33549

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS Suite 350

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: Barry I. Karpay, Pres. 4/3/98 713-968-1777 23

CR2E034 (10/97)