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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 02 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000023612 (2)

KARACHI HOLDINGS, INC.

Princ	cipal Plac	e of Busines	\$	Mailing Address							EI BBAIL D			1 (111 111)		
255 SOUTH ORANGE AVENUE SUITE 1501 ORLANDO FL 32801					1799 7TH AVE. N SUITE 1501 LAKE WORTH FL 33461-3850 US					3. Date Incor	porated or Quali	fied	3a. Dat	e of Last F	Recipil	
										03/23/19				5/1996	юроп	
2. Principal Place of Business					2a. Mailing Address					4. FEI Numbe					oplied For	
21 5	21 Suite, Apt. #, etc.				Suite, Apt. #, etc.					59-3233141   Not Applicable						
22					27					5. Certificate	of Status Desired	d ———			Additional equired	
23	City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Z	ip	Country 25			¬ '			ountry	′		8. This corporation has liability for intangible tax under s. 199.032					. 199.032,
24			30				Florida Sta			Yes _						
9, Name and Address of Current Registered Agent									1 1	Vame	10. Name and	Address of Ne	w Regi	Stereo A	gent	
GIBSON, THOMAS R. C/O ASSET SPECIALISTS INC.								81								
1799 7TH AVENUE N.					•			* 82		Street Addres	ss (P.O. Box Nu	mber is Not Acc	eptable	r) 		
LAKE WORTH FL 33461								83								
								84	7	City				FL	<b>85</b> Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												his statement for ectors. I hereby a	the pui accept	rpose of the appo	changing i intment as	ts registered registered
SIGN	NATURE													_		
Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Register									ent s	signature required		(CLIANICEC TO C	DECIOE.	DATE	DIDECTOR	00 181 40
12.		D	OFFICERS	וע טאא כ		DELETE		as. Title			ADDITIONS	/CHANGES TO C	JFFICE		Change	Addition
NAME TERRY, DAVID E							2 NAME							Onungo		
STREET ADDRESS 255 SOUTH ORANGE AVENUE,			NUE. S				3 STREET	ADI	ORESS							
	CITY-ST-ZIP ORLANDO FL 32801			,				4 CITY - S								
TITLE		D			•	DELETE	2.	1 TITLE						]	Change	Addition
NAME	-		THOMAS R.				2:	2 NAME								
STREE	STREET ADDRESS 1799 T=7TH AVE. N.				238			3 STREET	ADI	ORESS						
CITY-ST-ZIP LAKE WORTH FL								4 CITY-	<u> </u>	2IP						
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NAME								2 NAME		201.00						
	T ADORESS							3 STREET								
CITY-	31-21		<del></del>			DELETE		4. CITY-3 1 TITLE	21:	2W		····		·····	Change	Addition
NAME	Ì						4.	2 NAME							_ •	_
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1	T ADDRESS							3 STREFT		l l						
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TITLE						DELETE		TITLE							Change	Addition
NAME	- 1							2 NAME 2 CARCEL	A D	DDECC						
SIME	T ADDRESS						6.	3 STREET	ADA	UHESS						

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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

ent with an address.