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

**PROFIT** CORPORATION ANNUAL REPORT



Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 26, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

04-26-1999 90094 005 \*\*\*150.00

1999	O WE TEST	DIV
DOCUMENT #  1. Corporation Name	P940000236	12

KARACHI HOLDINGS, INC.

	· · · · · · · · · · · · · · · · · · ·								
Principal Place	e of Business	Mailing Address				Limitable tra ratio mant anni anni	20110 11000 11110 2112		
255 SOUTH ORANGE AVENUE 2442 METROCENTRE BLVD W PALM BCH FL 33407 US						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  03/23/1994			
2 Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number	A	oplied For	
21	200 01 24011.000	26				59-3233141	N	ot Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.			-		\$8.75	Additional	
22					5. Certifcate of Status Desired	Fee R	Fee Required		
City & State		City & State	,			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees	
Zip 24	Country 25	Zip 36	Coun	itry		This corporation owes the current yes     Personal Property Tax.	ear Intangible	□No	
,	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regist	ered Agent		
1799 LAKE	ASSET SPECIALISTS INC. 77TH AVENUE N. E WORTH FL 33461  To the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	it Florida. Such change was auth	, the ab	ove-na	ity imed corp corporatio	oration submits this statement for the purpoon's board of directors. I hereby accept the	PL     pse of changing its appointment as re	Code s registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered A	Agent sig	ature require		TE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	D	☐ DELETE	1.1 TITE				Change	☐ Addition	
NAME	TERRY, DAVID E		1.2 NAJ						
STREET ADDRESS		SUITE 1501	1.3 STF	REET ADD	RESS				
CITY-ST-ZIP	ORLANDO FL 32801			Y-ST-ZIF	,		☐ Change	☐ Addition	
TITLE	D	☐ DELETE		2.1 TITLE .			☐ Criange	☐ Madinois	
NAME	GIBSON, THOMAS R.		2.2 NA	ME					
STREET ADDRESS	2442 METROCENTRE BLVD		2.3 STF	REET ADD	RESS				
CITY-ST-ZIP	W PALM BCH FL 33407		_	Y-ST-ZI	•		Channa	- Addition	
TITLE		☐ DELETE	3.1 TITI		ŀ	•	☐ Change	☐ Addition	
NAME			3.2 NA			$\varphi_{i,j} = \varphi_{i,j} = \varphi_{i,j} + \varphi_{i,j} = \varphi_{i,j} + \varphi_{i,j} = \varphi_{i,j} + \varphi_{i,j} = \varphi_{i,j} + \varphi_{i,j} = \varphi_{i$	•		
STREET ADDRESS			3.3 STF	REET ADO	RESS	•			
CITY-ST-ZIP		<del></del>		ry-st-zi	·		[ ] Change	Addition	
TITLE		☐ DELETE	4.1 TITI	LE			☐ Change	☐ vaaaaon	

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 of 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, proposed in address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #

☐ Change

☐ Change

Addition

☐ Addition