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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000042305 (0)

1. Corporation Name

KARA CHASE, INC.

Principal Place of Business

P.O. BOX 3319  
SARASOTA FL 34230

Mailing Address

P.O. BOX 3319  
SARASOTA FL 34230-3319

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip  
24 Country

25 Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

FAMIGLIO, GEORGE V JR  
1634 MAIN STREET  
SARASOTA FL 34236

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.002 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

*George V. Famiglio*

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

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
KUPS, TERRANCE  
2218 KARA CHASE COURT  
SARASOTA FL 34240

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
KUPS, ARTHUR E  
2218 KARA CHASE COURT  
SARASOTA FL 34240

DELETE

2.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
KUPS, RICHARD P  
710 INDIAN BEACH CIRCLE  
SARASOTA FL 34234

DELETE

3.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

4.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  Change  Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

*George V. Famiglio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97

941-488-2500

Date

Daytime Phone #

0494001

CR2E034 (9/96)