


**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90033 027 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P94000043592**

1. Corporation Name

**SARASOTA KAREZZI, INC.**

Principal Place of Business

**3740 BEE RIDGE RD**  
**SARASOTA FL 34233**  
**US**

Mailing Address

**3740 BEE RIDGE ROAD**  
**FORT MYERS FL 34233**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/10/1994**

4. FEI Number

**65-0501345**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fees Required6. Election Campaign Financing ☐**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City &amp; State

27

City &amp; State

23

Zip Country

28

Zip Country

24

Country

29

Country

9. Name and Address of Current Registered Agent

**JOSEPH R LOCKER, JR.**  
**350 5TH AVE SOUTH**  
**SUITE 200**  
**NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name

**Chris J. Karakosta**

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

**5150 Tamiami Trail, N. # 201**

83

84 City

**Naples****FL**

85 Zip Code

**34103**

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 fee is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-30-99**

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHRIS J. KARAKOSTA****1-13-99**

Date

**(941) 403-8933**

Daytime Phone #

CR2E034 (11/98)