

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000052229 (9)**

1. Corporation Name
KARON WELTER, INC.



Principal Place of Business
**3431 BONITA BEACH RD. SW
SUITE 206
BONITA SPRINGS FL 33923**

Mailing Address
**3431 BONITA BEACH RD. SW
SUITE 206
BONITA SPRINGS FL 33923**

2. Principal Place of Business	2a. Mailing Address
21 State	26 State
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
9. Name and Address of Current Registered Agent	

**WELTER, KARON
3431 BONITA BEACH RD. SW
SUITE 206
BONITA SPRINGS FL 33923**

3. Date Incorporated or Qualified 07/14/1994	3a. Date of Last Report 06/16/1995
4. FEI Number 65-0499511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.14(4), 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 fully aware and accept the obligation of Sections 607.01(2) and 607.14(4) Florida Statutes.

SIGNATURE: *Karon Welter*

2-1-96

12. OFFICERS AND DIRECTORS	
1. TITLE	<input type="checkbox"/> DELETE
2. NAME	D WELTER, KARON
3. STREET ADDRESS	4440 7TH AVE NW
4. CITY, STATE, ZIP	NAPLES FL 33999
5. TITLE	<input type="checkbox"/> DELETE
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> DELETE
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> DELETE
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

14. I hereby certify that the information supplied by this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(g), Florida Statutes. I further certify that the information provided 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. 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 of a report or an annual report with an address.

SIGNATURE: *Karon Welter Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

CR2E034 (12/95)