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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400052229 (9)

KARON WELTER, INC.

Principal Place of Business Mailing Address 3431 BONITA BEACH RD. SW 3431 BONITA BEACH RD. SW **SUITE 206** SUITE 206 **BONITA SPRINGS FL 33923** BONITA SPRINGS FL 34134-4153 3. Date Incorporated or Qualified 3a. Date of Last Report 07/14/1994 02/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0499511 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Added to Fees Trust Fund Contribution Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Yes 30 Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo WELTER, KARON 3431 BONITA BEACH RD. SW 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 206 83 BONITA SPRINGS FL-33923 84 Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. Welter 4-27-97 SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TPLE Change Addition WELTER, KARON NAME 1.2 NAME 4440 7TH AVE NW STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 23909 CITY-ST-ZIP 1.4 CITY - ST - 7(P) DELETE TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2 # CITY - ST - ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

64 CITY-ST-ZIP

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 suppliemental 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

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May 05 1997 8:00am

Secretary of State