
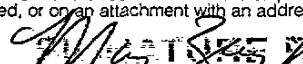


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000070279 (2) 1. Corporation Name M. KAREL ENTERPRISE, INC.					
Principal Place of Business 4570 FRANWOOD DR DELRAY FL 33445 US			Mailing Address 4570 FRANWOOD DR DELRAY FL 33445 US		
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country			2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country		
9. Name and Address of Current Registered Agent ZIEGENFUSS, MARY 4570 FRANWOOD DR. DELRAY FL 33445			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 607.0502 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
P ZIEGENFUSS, MARY 4570 FRANWOOD DRIVE DELRAY BEACH FL 33445			P ZIEGENFUSS, MARY 4023 MAURICE DR. DELRAY, FL. 33445		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
V ZIEGENFUSS JR., ROBERT 4570 FRANWOOD DR DELRAY FL 33445			V ZIEGENFUSS JR. ROBERT 4023 MAURICE DR. DELRAY, FL. 33445		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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:  NOT REQUIRED					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/22/1994	
4. FEI Number 65-0524031	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CR2E034 (10/97)