

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000083993 (3)

1. Corporation Name
SUZI KARR, INC.



Principal Place of Business
527 MAIN ST.
WINDERMERE FL 34786

Mailing Address
P.O. BOX 667
WINDERMERE FL 34786
US

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 11/17/1994 | 3a. Date of Last Report 05/01/1995 |
| 4. FEI Number 59-3280961 | 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 | |

| | |
|---|--|
| 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

KARR, SUZI
527 MAIN STREET
WINDERMERE FL 34786

10. Name and Address of New Registered Agent

| |
|---|
| 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 607.0502 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 state if acceptable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | DPST <input type="checkbox"/> DELETE | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KARR, SUZI | 2. NAME | |
| STREET ADDRESS | 527 MAIN ST. | 3. STREET ADDRESS | |
| CITY-STATE-ZIP | WINDERMERE FL | 4. CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6. NAME | |
| STREET ADDRESS | | 7. STREET ADDRESS | |
| CITY-STATE-ZIP | | 8. CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 10. NAME | |
| STREET ADDRESS | | 11. STREET ADDRESS | |
| CITY-STATE-ZIP | | 12. CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 14. NAME | |
| STREET ADDRESS | | 15. STREET ADDRESS | |
| CITY-STATE-ZIP | | 16. CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 18. NAME | |
| STREET ADDRESS | | 19. STREET ADDRESS | |
| CITY-STATE-ZIP | | 20. CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 407 876 3688
Date Daytime Phone #

CR2E034 (12/95)