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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400083993 1. Corporation Name

SUZI KARR. INC.

## FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90030 021 \*\*\*150.00



Principal P ace of Business Mailing Address P.O. BOX 667 527 MAIN ST. WINDERMERE FL 34786 WINDERMERE FL 34786 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/17/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Aprilied For Not Applicable 59-3280961 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifoate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Cour try 8. This corporation owes the current year intangible Zic ☐ Yes Persor al Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KARR, SUZI 82 Street Acdress (P.O. Box Number is Not Acceptable) 527 MAIN STREET **WINDERMERE FL 34786** 83 Zip Code 84 City 85 F١ 1. Pursuant to the provisions of Sc ctions 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 circutors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed na ne of registered agent and title if applicable (NOTi:: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition ☐ Change ☐ DELETE 1.1 TITLE **DPST** DΠE KARR, SUZI 12 NAME NAME 527 MAIN ST. 1,3 STREET ADDRESS STREET ADDRESS WINDERMERE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ DELETE 2.1 TITLE 2.2 NAME NAME STREET ADDRE'S 23 STREET ADDRESS 2. 4 CITY-ST-ZIF CITY-ST-ZIP Addition ☐ DELETE ☐ Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 41 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Addition 6.1 TITLE TITLE 62 NAME NAME

14. Thereby 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 ham 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)