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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 16 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047642 (0)

KAKARI, INC.

Principal Place of Business		Mailing Address		r annermat ren bitige meter annet anter anter	alāti taata sirii ālātā liāt laat	
124 S. PINEAPPLE AVE SARASOTA FL 34236 US		124 S. PINEAPPLE AVE. Sarasota fl 34236 US		DO NOT WRITE IN TH	IIS SPACE	
			_		3. Date Incorporated or Qualified 06/19/1995	
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0590154	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip	¬ '		8. This corporation owes or has paid the current year Intangible	
24	25 25 Name and Address of Cur	rent Registered Apent	30		Personal Property Tax due June 30.  10. Name and Address of New Register  10. Personal Property Tax due June 30.	Yes No
	<u>i</u>	teur uehisteten Wägilf	B1	Name	IV. Italiio allu Augless oi New Register	an wilaur
CARTER, JACK L 4479 ASCOT CIRCLE SOUTH				· · · · · · · · · · · · · · · · · · ·		
	RASOTA FL 34235		62	Street Add	Iress (P.O. Box Number is Not Acceptable)	
	INOTA IL OILO		83			
			84	City		85 Zip Code
44 Durawant	As the provisions of Continue CO7.	2500 and 203 4500 Florida Chal				<b>-</b> L.   '
office or r	to the provisions of Sections 607.0 registered agent, or both, in the St	0502 and 607.1508, Florida Stat ate of Florida. Such change wa	tutes, the above authorized by	e-named cor the corpora	poration submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered appointment as registered
í '	am tamiliar with, and accept the ob	digations of, Section 607.0505,	Florida Statutes	3.		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (N	OTE: Registered Age	nt signature requ	ired when reinstating) DAT	E
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE			Change Addition
NAME	CARTER, JACK L		1.2 NAME			
STREET ADDRESS 4479 ASCOT CIRCLE SOL		TH	1.3 STREET	ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34235		1.4 CiTY - S	T-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	· ·	· ·	
CITY-ST-ZIP		DELETE	2. 4 CITY - S	ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME			Cuange LI Addition
NAME CYDECY ADDRESS			2.0.10	*DOOLGO		
STREET ADDRESS			3.3 STREET	ľ		
CITY-ST-ZIP TITLE	<u></u>	DELETE	3.4. CITY-5 4.1 TiTLE	01-ZIP		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	- 1		
TITLE	<b></b>	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	Į.		
TITLE	<u> </u>	DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	J		ļ
STREET ADDRESS	*		6.3 STREET	ADORESS		
CITY-ST-ZIP	•		6.4 CITY - S	r- 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 of supplemental and half 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 of the receiver or trusted 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 to on an attachment with an address.

SIGNATURE:

ACCURATE REPORT ACCURATE REPORT