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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000073233 (5)

LAW OFFICE OF KAREN WILLIAMS NORTH, P.A..

Principal Place of Business

Mailing Address

FILED May 08 1997 8:00am Secretary of State



2256 HEITMAN ST. FT. MYES FL 33901		2256 HEITMAN ST. FT. MYES FL 33901-3744			
				3. Date incorporated or Qualified 09/21/1995	3a. Date of Last Report 05/01/1996
'	Place of Business	2a. Mailing Address	0.0000	4. FEI Number	Applied For
Suile, Apt.	N etc	26 JOST OFFICE	· Box 2467	65-0608803	Not Applicable
22 Stille, Apt.	. #, CIG	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stai		City & State HYE	1 1 1 7	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z;p <u>∗</u> 4	Country 25	29 33902	Country 30 U·S·A·	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, 【Yes ☐ No
	9. Name and Address of	of Current Registered Agent		10. Name and Address of New Re	gistered Agent
	rth, Karen W		61 Name		
	S.W. 10TH TERRACE PE CORAL FL 33991		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
			63		
			64 City	*************************************	FL 85 Zip Code
11. Pursuant	to the provisions of Sections	607.0502 and 607.1508, Florida Statut	les, the above-named cor	poration submits this statement for the p	urpose of changing its registered
office or agent 1 a	registered agent, or both, in t am familiar with, and accept t	the State of Florida Such change was a the obligations of, Section 607.0505, Florida the obligations of the section of the s	authorized by the corpora orida Statutes.	ation's board of directors. I hereby accept	of the appointment as registered
SIGNATURE:					
SIGIVATORE.	Signature, typed by pointed name of re-	g-stered agent and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating)	DATE
12.		CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
1H LF	PSTD	DELETE	1.1 TITLE		Change Additio
NAME	NORTH, KAREN W		1.2 NAME		
STHEFT ADDRESS	2256 HEITMAN ST.		1.3 STREET ADDRESS		
DITY+S1-ZIP	FT. MYES FL 33901		1.4 CITY - ST - ZIP		
1111-21-51					
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