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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082461 (1)

KARTAR, INCORPORATED

FILED Apr 15 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address	. —		ERIO 11514 BIB10 BI101 IIUI 1891
901 WEST MARTIN LUTHER KING BLVD.	901 WEST MARTIN LUTHER	KING RIVO		
TAMPA FL 33603	TAMPA FL 33603	Timo DETO.		
			DO NOT WRITE IN TH	IIS SPACE
			3. Date Incorporated or Qualified	
			10/24/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	26		65-0632653	Not Applicable
	<u></u> ⊢¬		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		- Flating Court Fig. 1	
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country		
24 25	29 30	_	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
9. Name and Address of Curre			10. Name and Address of New Register	
HAMADA, SUE		81 Name		
112 MARY KAY COURT		22 3		
BRANDON FL 33511		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
DIVIDON 12 00011		83		
				,
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes.	the above-named corp		
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent, I am familiar with, and accept the obligion.	e of Florida, Such change was aut	horized by the corporat	tion's board of directors. I hereby accept the a	appointment as registered
4 (3) - 111 - 11		a statutes.	zast-	rla o
SIGNATURE Signature, typed or presided name of registered at		Registered Agont signature requi	red when reinstating) DAT	/ 7 8
	ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE P	☐ DELETE	1.1 TITLE		Change Addition
NAME HAMADA, SUSAN		1.2 NAME]
STREET ADDRESS 112 MARY KAY CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP BRANDON FL 33511		1.4 CITY-S1-ZIP		[3]
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY - ST - ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		32 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREE1 ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST- ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		-
STREET ADDRESS		6.3 STREET ADDRESS		
City - St - ZIP	•	6.4 CITY-ST-ZIP		

14. Thereby certify that the information supplied with this filling 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 armual 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.