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 # P96000010724 (8)

KARA G HOLDINGS, INC.

Odenie d Die e	a of Division	B4-12- 4-4-1			
Principal Place of Business Mailing Address					(125) 125) 115 151 15 21 11 22 11 25
: 101 E, Kennedy Blvd. - Buite \$170 Tampa Fl 33602		101 E. KENNEDY Suite 3170 Tampa Fl 33602-			
****** *******************************					3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1996
2. Principal Place of Business		26			4. FEI Number Applied For Not Applied For Not Applied be
Suite, Apt. #, etc.		Suite, Apt. #,	elc.		6. Certificate of Status Desired \$8.75 Additional
62)		City 8 State			Fee Hequired
City & State		City & State	 		6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28		Country	Trust Fund Contribution
24	25	29	30	Journa y	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes W No
541	9. Name and Address of Cur	rrent Registered Agent	[30]		10. Name and Address of New Registered Agent
MAH	NEY, RICHARD H			B1 Name	
	E. KENNEDY BLVD.			Street A	75.0 D. N
	TE \$170			82 Street A	ddress (P.O. Box Number is Not Acceptable)
	MPA FL 33602		83		
	N L I # AAAAF				1-12-0
				84 City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.6 egistered agent, or both, in the S	.0502 and 607.1508, Florid itate of Florida, Such chang	a Statutes, the ge was authori	above-named cized by the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I ar	m lamiliar with, and accept the ob	oligations of, Section 607.0	<i>i</i> 505, Florida S	statutes.	
SIGNATURE	Signature, typed or printed name of registered	2t and tills if applicable	APOL: Boxini	d Annah Blanch Ing ra	equired when reinstating) OATE
12.		AND DIRECTORS	(NOTE: Registo	 	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PV	DEL		1 TITLE	Change Addition
NAME	KARAMOUNTZOS, GUS	,		2 NAME	
STREET ADDRESS	% 101 E. KENNEDY BLVD.,	SUITE 3170		3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	, ••	1	4 City-St-ZiP	
TITLE		☐ D₹L		1 THLE	☐ Change ☐ Addition
NAME	,		22	2 NAME	
STREET ADDRESS			2.5	3 STREET ADDRESS	
CITY-ST-ZIP			2.	4 CITY-S1-ZIP	·
TOTLE		DEL	.ETE 3.1	1 THLE	Change Addition
NAME			3.2	2 NAME	
STREET ADDRESS			3.3	3 STREET ADDRESS	
CITY-ST-ZIP				4. CITY-ST-ZIP	
TITLE		☐ DEL	ETE 4.1	1 TITLE	Change Addition
NAME			4.7	2 NAME	
STREET ADDRESS			4.3	3 STREE1 ADDRESS	
CITY-ST-ZIP				4 CITY-ST-ZIP	14
TITLE		∐ DEL		1 TITLE	☐ Change ☐ Addilion
NAME				2 NAME	
STREET ADDRESS				3 STREET ADDRESS	
CITY-ST-ZIP		T bri		1 CITY-ST-ZIP	
TITLE		□ DEL		TATLE	Change Addition
NAME				? NAME	
STREET ADDRESS				SIREET ADDRESS	
CITY-ST-ZIP	and that the information curr	allod with this filling dose a		1 CITY-SI-ZIP	ited in Section 119.07(3)(i), Florida Statutes. I further certify that the
information I am an off	n indicated on this annual report c	or supplemental annual rep n or the receiver or trustee d, or on an attachment with	port is true and empowered to	d accurate and th	hat my signature shall have the same legal effect as if made under eath; that port as required by Chapter 607, Florida Statutes; and that my name