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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010897 (2)

1. Corporation Name

KAREN NICHOLSON HACKLER, INC.



Principal Place of Business

820 DRIVER AVE.
WINTER PARK FL 32789

Mailing Address

820 DRIVER AVE.
WINTER PARK FL 32789-3367

2. Principal Place of Business

21 801 S. Orlando Ave.

Suite, Apt. #, etc.

22 Suite F

City & State

23 Winter Park, FL

Zip

24 32789

Country

25 USA

2a. Mailing Address

26 801 S. Orlando Ave.

Suite, Apt. #, etc.

27 Suite F.

City & State

28 Winter Park, FL

Zip

29 32789

Country

30 USA

3. Date Incorporated or Qualified

01/31/1996

3a. Date of Last Report

4. FEI Number

59-3363536

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

HACKLER, KAREN N
820 DRIVER AVE.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

Hackler, Karen N.

82 Street Address (P.O. Box Number is Not Acceptable)

2521 Minnesota Ave.

83

84 City

Winter Park

FL

85 Zip Code

32789

11. Pursuant to the provisions of Sections 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 directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME PSTD HACKLER, KAREN N

STREET ADDRESS 820 DRIVER AVE.

CITY-ST-ZIP WINTER PARK FL 32789

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 or supplemental annual 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:

Karen N. Hackler

06 FEB 97 407-447-5999

CR2E034 (9/96)