

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

FILED

①

97 JUL -9 AM 5:17

DOCUMENT # P96 000024552
1. Corporation Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Karen Zabrocki Interiors, Inc.

Principal Place of Business Mailing Address
**200 North Garden Avenue, Suite A
Clearwater, FL 33755**

3. Date Incorporated or Qualified **3/15/96** 3a. Date of Last Report **3/15/96**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3372598		Applied For Not Applicable	
21	22	26	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.03?, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	24	25	28	29	30		
Zip	Country	Zip	Country				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Joan Mathieu
200 North Garden Avenue, Suite A
Clearwater, FL 33755**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 the applicant (NOT Registered Agent signature required when reissuing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Zabrocki	1.2 NAME	
STREET ADDRESS	2450 Sunset Point Road	1.3 STREET ADDRESS	500002236625--1
CITY-ST-ZIP	Clearwater, FL 33765	1.4 CITY-ST-ZIP	-07/11/97--01127--003
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	****165.00 ****165.00
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Handwritten signature
7-10-97

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, on an attachment with an address.

SIGNATURE: *Karen Zabrocki* **July 2, 1997** 813) 999-6958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

LAW OFFICE OF JOAN MATHIEU

ATTORNEY AT LAW
200 NORTH GARDEN AVENUE, SUITE A
CLEARWATER, FLORIDA 33755

JOAN MATHIEU

TELEPHONE (813) 462-8181
FAX NUMBER (813) 461-3514

2

July 3, 1997

Annual Reports Filing
Division of Corporations
Attention: Amy Alan, Document Specialist
P. O. Box 6327
Tallahassee, FL 32314

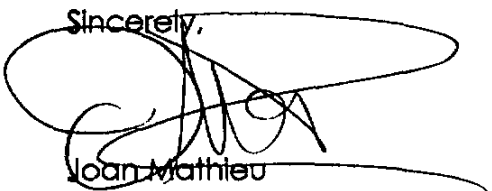
Dear Miss Alan:

Enclosed please find Annual Report for Karen Zabrocki Interiors, Inc., along with the filing fee of \$165.00 and a copy of your letter to me regarding this matter.

As per our conversation this letter is to confirm that my office did not receive from the Division of Corporations an Annual Report until after the May 1st deadline. Therefore we are only required to submit the normal filing fee of \$165.00.

Thank you in advance for your attention to this matter. Please do not hesitate to contact me if you need further information.

Sincerely,


Joan Mathieu
Attorney at Law

JM:saw

enclosures