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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000091541 (8)

KARIS INTERNATIONAL, INC.

. •					
Principal Place of Business		Mailing Address			MONTO ACIDA DIBON DINTO DIO DI ALDI LODI
200 NORTHEAST 39 STREET LIGHTHOUSE POINT FL 33064		2209 NORTHEAST 39 STREET LIGHTHOUSE POINT FL 33064-7448			
				3. Date Incorporated or Qualified 11/06/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	4 -1-	26		65-070 4499	Not Applicable
Sulte, Apt.  22  City & Stat	ਜ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Feo Required
City & Stat	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	g. Name and Address of Curren		30	Florida Statutes  10. Name and Address of New Re	
Abar		it Hogistered Agent	81 Namo	IO. Hame Bite Address of New He	gistored Agent
	RILAWYER CHARTERED				
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
DONAL GABLES PL 33104			83		
				· · · · · · · · · · · · · · · · · · ·	
			84 City		FL 85 Zip Code
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 tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered ago OFFICERS AN		Registored Agent's gnature requi		DATI
12. TITLE	PD	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	LOCKHART, TIMOTHY E	<u></u>	1.2 NAME		
STREET ADDRESS	2209 NORTHEAST 39 STREET		1.3 STREET ADORESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		1.4 CITY- \$1 - ZIP		
TITLE	VD	☐ DELETE	2 1 TITLE		Charige Addition
NAME	LOCKHART, JOANN		2.2 NAME		
STREET ADDRESS	2209 NORTHEAST 39 STREET		23 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		2 4 D/1Y+\$1-ZIP		·
TITLE	STD	DELETE	3.1 TITLE		Change Addition
NAME	LOCKHART, KEVIN M		3.2 NAME		
STREET ADDRESS	2209 NORTHEAST 39 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		3.4. C/TY - ST - Z/P		
TITLE		DELETE.	4.1 THLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELFTE	5.1 THLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 DITY-S1-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			62 NAVE		
STREET ADDRESS			6.3 \$18HT ADDRESS		

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 eath, 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.

6.4 CITY-S1-ZIP