Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103832 1. Corporation Name

KAREN AND COMPANY, INC.

20569 MEETING STREET

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

22300 CALIBRE COURT, APT. 1407 **BOCA RATON FL 33433**

2. Principal Place of Business

Suite, Apt. #, etc.

C/O BARRY K. ASMUS. CPA. PA 515 N.E. 101 STREET MIAMI SHORES FL 33138

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90113 043 ***150.00



DO NOT WRITE IN THIS SPACE

П

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

12/20/1996 4. FEI Number

65-0720795

City & State	RATUR, ID	~ City & State	<u> </u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28	Caustat		
Zip	Country	Zip	Country	8. This corporation owes the cur	rent year intangible ☐ Yes ☐ No
24 3343		<u> </u>	10	Personal Property Tax.	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New	Kegistered Agent
FLIC	C VADEN		FUS	S. KAREN	
FUSS, KAREN			82 Street A	ddress (P.O. Box Number is Not Accept	able)
22300 CALIBRE COURT, APT. 1407			83	69 MEETING STREET	
BOCA RATON FL 33433					
			84 City		85 Zip Code
			BOC	A RATON	FL [[33434]
14. Described the specific of Continue COV 0502 and 507 1508. Florida Statutes, the above paged 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.					
3/19/99					
SIGNATURE Signature, typeli or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	PD	X Change ☐ Addition
NAME	FUSS, KAREN		1.2 NAME	FUSS, KAREN	
STREET ADDRESS	STREET ADDRESS 22300 CALIBRE COURT, APT. 1407			20569 MEETING STE	REET
CITY-ST-ZiP	BOCA RATON FL 33433		1.4 CITY+ST-ZIP	BOCA RATON, FL 33	3434
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	a man a committee of the committee of th	DELETE TO	3.1 TITLE		Change Addition
NAME			3.2 NAME		·
STREET ADDRESS			3.3 STREET ADDRESS		ì
CITY-ST-ZIP	•		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS	•		4.3 STREET 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		
GRITTOITE (

14. I 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 or an attachment with an address, with all other like empowered.

SIGNATURE: