## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOURT DUE ON UR BEFURE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO HEINSTATE: \$750).			
PROFIT CORPORATION ANNUAL REPORT Secretary Division of CO	<b>Morthám</b> of State	FILED	
1990		98 NOV -9 PM L: 05	
DOCUMENT # P97000023693  KARA Corp. of Volusion	a County	SECRETARY OF STATE TALLAHASSEE, FLORIDA	· .
Principal Place of Business Mailing Address		-	
1605 S. Atlantic Ave		DO NOTANDING IN THE COLOR	
NEW SMYNNA BEACH, 71, 32/69		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	
		MAT 17 97	
2. Principal Place of Business  2a. Mailing Address  2b. Atbutic A) (2b. Mailing Address)		4. FEI Number	Applied For
21   1 0 0 5   FT		Sentitions of Oberta Bashed	Not Applicable \$8.75 Additional
22		5. Certificate of Status Desired	Fee Required
City & State  City & State  City & State  City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip	Country	8. This corporation owes or has paid the curre	ent year Intangible
24 30 61 25 29 3 9. Name and Address of Current Registered Agent	0	Personal Property Tax due June 30.  10. Name and Address of New Registered A	Yes L No
81 Name			
CLAIC PISTILL 2576 GLED HAVEN St.  82 Street Address (P.O. Box Number is Not Acceptable) 83			
DESTO GLDHAUEN ST.			
NEW Smyr NA Beach, 71.32169	84 City		100 700 000
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 received 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 Signat			
Signature ripes during frame of registered agent and title if applicable (NOTE)	ug stered gant signature required	s wiles roundiging) OATE	
12. OFFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS  DELETE	13. 11 TITLE P	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12  Change
TITLE MANE STREET ADDRESS 2528 GLEWHAVED	100	nia Desille	
STREET ADDRESS 2800 CHECKET TO CO	1. 7	TG GWHAJEW St. WSMUNNA BLACH, 71. 3216	e ·
ONY-ST-ZP DEW SMYRDA BOACH 71.32/68	1 4 CITY-ST-ZIP		Change Addition
NAME	2 2 NAME	700002697 -11/13/980	517=-2
STREET ADDRESS	2 3 STREET ADDRESS	-11/13/35010/3014 ****563.75 ****563.75	
CITY-ST-ZIP  TITLE  DELETE	2 4 CITY-ST-ZIP 3.1 TiTLE		☐ Change ☐ Addition
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CITY-ST-ZIF DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	<del></del>	☐ Change ☐ Addition
NAME	4 2 NAME		
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CITY-ST-ZIP DELETE	5.1 TITLE	<del></del>	☐ Change ☐ Addition
NAME	5.2 NAME	•	La change La Addition
STREET ADDRESS	5 3 STREET ADDRESS		ļ
TITE DELETE	5 4 CITY - ST - ZIP		Change Addition
TITLE LI DELETE	61 TITLE 62 NAME		Oligipus Li Abullipu
STREET ADDRESS	6 3 STREET ADDRESS	a con a silvates	7
City-St-ZiP	6 4 CITY-ST-ZIP	78416 111490	by that the information
14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report of Suppliering 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 of the receiver of twistee empower to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or off an attachment with an address.			
1 / / / 1 · 1/2 at 10-			
SIGNATURE: SIGNATURE AND TYPED APP PRINTED NAME OF SIGNING ONPICER OR DIFFECTOR. Date Dayline Phone if			