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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000029597 (6) DOCUMENT # 1. Corporation Name

KARANI ENTERPRISES, INC.

## **FILED** Feb 04 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address     |   |  |   |   | I TODINDOL ATO ADAIL TODAL BOALL BOALL GOLES BUSIN  | B      B       B       B       B                    |
|---|---|--|---|---|---|---|
| 1884 MONTE CRISTO WAY 1864 MONTE CRISTO W       |   |  | VAY   |   |   |   |
| CORAL SPRINGS FL 33071 CORAL SPRINGS FL 330     |   |  | 071   |   | DO NOT WOLTE IN THE   | IC OD A OF  |
|   |   |  |   |   | DO NOT WRITE IN TH  3. Date Incorporated or Qualified   | IS SPACE  |
|   |   |  |   |   | 03/31/1997  |   |
| 2. Principal Place of Business 2a. Mailing Addr |   |  |   |   | 4. FEI Number   | Applied For   |
| 21 26   |   | 26   |   |   | 65-0749282  | Not Applicable                                      |
| Suite, Apt. #, etc.                             |   | Suite, Apt. #, etc.  | Suite, Apt. #, etc.                         |   | 5. Certificate of Status Desired  | \$8.75 Additional                                   |
| 22 27   |   |  | I   |   | 5. Certificate of Status Desired  | Fee Required  |
| City & State                                    |   | City & State   |   |   | 6. Election Campaign Financing  | <b>\$5.00</b> May Be                                |
| Zip Country                                     |   | 28 Zm  | Zip Country                                 |   | Trust Fund Contribution   | Added to Fees                                       |
| 24  | <b>├</b> ¬ '  | 25 29 30   |   | iu y                                    | <ol> <li>This corporation owes or has paid the operation of the Personal Property Tax due June 30.</li> </ol> | current year Intangible                             |
| 9, Name and Address of Current Registered Agent |   |  |   |   | 10. Name and Address of New Registers   |   |
| KARANI, PHEROZE                                 |   |  |   | 31 Name                                 |   |   |
| 1864 MONTE CRISTO WAY                           |   |  |   | 32 Street Add                           | dress (P.O. Box Number is Not Acceptable)   |   |
| CORAL SPRINGS FL 33071                          |   |  |   | oli coli ride                           | areas (1.0. box Number is Not Acceptable)   |   |
|   |   |  | [6  | 33                                      |   |   |
|   |   |  | 8   | 34 City                                 |   | ■ 85 Zip Code                                       |
| <u>.</u>  |   |  |   |   | F   |   |
| office or<br>agent. I a                         | to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obline. | 502 and 607.1508, Florida Statu<br>ite of Florida. Such change was<br>igations of, Section 607.0505, F | iles, the abo<br>authorized<br>lorida Statu | ove-named cor<br>by the corpora<br>tes. | poration submits this statement for the purpose<br>ation's board of directors. I hereby accept the a          | of changing its registered ppointment as registered |
| SIGNATURE                                       |   |  |   |   |   |   |
| <del></del>                                     |   |  |   | Agent signature requ                    | ireo when reinstating) DA16   |   |
| 12.   | D   | DELETE   | <b>13.</b>                                  | r                                       | ADDITIONS/CHANGES TO OFFICERS A   | ND DIRECTORS IN 12                                  |
| NAME  | KARANI, PHEROZE   |  | 1.2 NAM                                     |   |   | Criange Li Audition                                 |
| STREET ADDRESS                                  | AGG 1 120 PP ANAMA 11/11/   |  | 1   | ET ADDRESS                              |   |   |
| CITY-ST-ZIP                                     | CORAL SPRINGS FL 33071  |  |   | - ST - ZIP                              |   | ]   |
| TITLE   |   | ☐ DELETE   | 2.1 TI7L                                    |   |   | Change Addition                                     |
| NAME  | 2.  |  | 2.2 NAM                                     | IE                                      |   |   |
| STREET ADDRESS                                  |   |  | 23 STRE                                     | ET ADDRESS                              |   |   |
| CITY-ST-ZIP                                     |   |  | 2 4 CITY                                    | (-ST-ZIP                                |   |   |
| TITLE   | DELETE  |  | 3.1 TITLE                                   |   |   | Change Addition                                     |
| NAME  |   |  | 3.2 NAM                                     |   |   |   |
| STREET ADDRESS                                  |   |  |   | ET ADDRESS                              |   |   |
| CITY-ST-ZIP<br>TITLE                            |   | ☐ DELETE   | 3.4. CITS<br>4.1 TITU                       | -SI-ZIP                                 |   | Observe Addition                                    |
| NAME  |   |  | 4.1 HILL<br>4.2 NAM                         | 1                                       |   | ☐ Change ☐ Addition                                 |
| STREET ADDRESS                                  |   |  |   | ET ADDRESS                              |   |   |
| CITY-ST-ZIP                                     |   |  | 4.4 CITY                                    |   |   | 1   |
| TITLE   |   | DELETE   | 5.1 TITLE                                   |   |   | Change Addition                                     |
| NAME  |   |  | 5.2 NAM                                     |   |   |   |
| STREET ADDRESS                                  |   |  |   | ET ADDRESS                              |   |   |
| CITY-ST-ZIP                                     |   |  | 5.4 CITY                                    |   |   |   |
| TITLE   |   | DELETE   | 6.1 TITLE                                   |   |   | Change Addition                                     |
| NAME  |   |  | 6.2 NAM                                     | E                                       |   |   |
| STREET ADDRESS                                  |   |  | 6.3 STRE                                    | et address                              |   |   |
| CITY-ST-ZIP                                     |   |  | 64 CITY                                     |   |   |   |
| 14. I hereby o                                  | certify that the information supplied.  | with this filing does not qualify for  | or the exem                                 | intin <b>é\s</b> (alted in              | Section 119 07(3)(i) Florida Statutes, Lifurther (  | certify that the information                        |

indicated on this annual report or supplemental annual report is true and accurate and that officer or director of the corporation or the receiver or trustre empowered to execute this to Block 12 or Block 13 if changed, or on an attachment with an address. y section 19.07(3)(), Florida Statutes, Turrior certify that the Information y signature shall have the same legal effect as if made under oath; that am an y as regarded by Chapter 607, Florida Statutes; and that my name appears in