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ANNUAL REPORT

1998



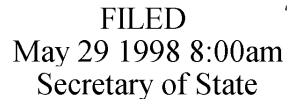
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031195 (5)

KAREN ZUCCHI, INCORPORATED





Principal Place of Business Mailing Address 358 E. PALMETTO AVE. P.O. BOX 522642 LONGWOOD FL 32752 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/07/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 1rust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yos 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 SCHULMAN, BETH-ANN 682 MAITLAND AVE Street Address (P.O. Box Number is Not Acceptable) 82 ALTAMONTE SPRINGS FL 32701 В3 City Zip Code 85 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 (NOTE Registered Agent signature required when reinstating) Signature, type for printed name of real times age chand the displicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE Addition TITLE 11 100 6 **ZUCCHI, KAREN** 1.2 NAME NAME 358 E. PALMETTO AVE. 13 STHEET ADDRESS STREET ADDRESS LONGWOOD FL 32750 14 CITY - \$1 - ZIP CITY+ST-ZIP DELETE Change Addition TITLE 21 1111.6 NAME 22 NAME 23 STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7IP DELETE Change ___ Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. C/TY - ST - ZIP CITY-ST-ZIP DELFTE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELFTE TITLE 51 TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-\$1-21P 5 4 CHY-ST-7IP DELETE Addition 611008 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 City - ST - 7IP

14. Thereby 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 supplies ental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

1/20/00

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