

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 97000098859			
1. Corporation Name			
Principal Place of Business KARYUTIS & Associates inc 5970 S.W. 18TH ST #306 BOCA RATON, FL 33433		Mailing Address KARYUTIS & Associates, inc 5970 S.W. 18TH ST #306 BOCA RATON, FL 33433	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 KARYUTIS & Associates, inc		4. FEI Number 65-0817381	
22 5970 S.W. 18TH #306		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 BOCA RATON, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33433 25 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAMOUN Shehadeh 5970 S.W. 18TH #306 BOCA RATON, FL, 33433		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 in 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 607.0503, Florida Statutes.			
SIGNATURE Mamoun Shehadeh		DATE 10-05-99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE MAMOUN SHEHADEH <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PRESIDENT		1.2 NAME	
STREET ADDRESS 5970 S.W. 18TH #306		1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON 33433		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME 300003013073--3	
STREET ADDRESS		3.3 STREET ADDRESS -10/13/99--01003--001	
CITY-ST-ZIP		3.4 CITY-ST-ZIP ***150.00 ***150.00	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, will or other line empowered.			
SIGNATURE: Mamoun Shehadeh		Date 10-05-99	

KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #212
Boca Raton, FL 33432
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, FL 33429
FAX: (561) 394-5134

National Society of Tax Professional

October 4, 1999

Secretary of State
Tallahassee, Florida

Ref: Karyutis & Associates, Inc.
Annual report
DOC # P97000098859

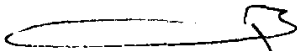
Dear Sir,

In reference for the above corporation it has never received the annual report to file. So we are attaching a handwritten form to renew along with a check in the amount of \$150.00. Please verify the mailing address:

Karyutis & Associates, Inc.
5970 SW 18th Street # 306
Boca Raton, FL 33433

If you have any further questions, please do not hesitate to contact us.

Sincerely Yours,



Andre K Kattoura