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 # P98000078192

1. Corporation Name

KAREN LLOYD REAL ESTATE, INC.

Principa	al Place	of Business

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90202 038 ***150.00



Principal Place of Business Mailing Address						7 (02/104) (12/104) 10/1/ 00/1/ 00/1/	6 m () () () () () () ()	,,,,,,,,,	
200 SABLE OAK LANE APT 103			200 Sable oak lane apt 103 Vero Beach FL 32963						
VERO BEACH FL 32963 VERO BEACH			ENOTITE SESSO			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 09/04/1998	_		
 7.	lace of Business	2a. Mailing Address			7	4. FEI Number - 65-0869260	- y 7	<u> </u>	lied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired	•		dditional
City & State		City & State	City & State		6. Election Campaign Financing			May Be	
23	_	28				Trust Fund Contribution		dded to	
Zip	Country	Zip	Cor	untry		8. This corporation owes the current year	ar Intangible		
24		29	30			Personal Property Tax.	Ye		□No
	9. Name and Address of Curre	nt Registered Agent		↓ ,_		10. Name and Address of New Register	red Agent		<u>-</u> i
110	VD JAREN			81 N	lame				
LLOYD, KAREN 200 Sable oak-lane apt 103				82 S	treet Addr	ess (P.O. Box Number is Not Acceptable)			
VER	O BEACH FL 32963			83					
	·			84 C	ity		FL 85	Zip C	ode
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.050	5, Florida Sta	itutes.		on's board of directors. I hereby accept the a			
12.		ND DIRECTORS	13.		, maria - o - o - o - o - o - o - o - o - o -	ADDITIONS/CHANGES TO OFFICER	S AND DIR	ECTO	RS IN 12
TITLE	D	☐ DELE		TITLE			CH		☐ Addition
NAME	LLOYD, KAREN B		1.2 N	VAME					
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CITY-ST-ZIP	VERO BEACH FL 32963		1,40	CITY-ST-ZIF					
TITLE		DELETE 2.1T					_ 	ange	Addition
NAME			2.21	NAME	1				}
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NAME			4. 2	NAME					
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NAME	.			NAME	DOESC				
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TITLE				NAME	İ			yo	
NAME				STREET ADI	DRESS				

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #