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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90320 028 \*\*\*150.00

## DOCUMENT # P98000078594

1. Corporation Name

HOUSE OF KAROB, INC.

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Principal Place of Business	Mailing Address	.~	4,5					
218-220 EAST DANIA BEACH BLVD.	218-220 EAST DAN	ia beach blvi	D					
DANIA FL 33004	Dania FL 33004				DO NOT WRITE IN THIS	SDACE		
					3. Date Incorporated or Qualifed	O NOL		
					09/11/1998			
District District Projects	A Mailing Address			•••	4. FEI Number		plied For	
2. Principal Place of Business	2a. Mailing Addres	33			65-0864004	_ <del>                                    </del>	t Applicable	
21	26 Suite Ast # 6				63-000 700 4	\$8.75 A		
Suite, Apt. #, etc.	Suite, Apt. #, e	÷10.			5. Certifcate of Status Desired	Fee Re		
22	27 City & State				a Shallan Orana dan Filanadan		<del></del>	
City & State		ت. الستحد،		. شت	6. Election Campaign Financing Trust Fund Contribution	<b>00.cچ</b> . ــــــ Added t	May Be	Į
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	29	30	Juliuy		Personal Property Tax.	Yes	<b>2</b> 000	
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g. Name and Address of Curren	t Neglatered Agent		81	Name	10. 110			
BEATRIC, GIANNA								
218-220 EAST DANIA BEACH BLVD.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		ŀ	
DANIA FL 33004			83					
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· · ·			84	City	FL	85 Zip 0	Code	
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office or registered agent, or both, in the State agent. I am familiar with, and accept the obligal SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PTVS  NAME  BEATRICE, GIANNA  218-220 EAST DANIA BEACH E DANIA FL 33004  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DANIA FL 33004  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	of Florida. Such change tions of, Section 607.05 intend title if applicable.  D DIRECTORS	(NOTE: Register 1.1 (NOTE: Register 1.1 1.2 1.3 1.4 1.2 1.3 1.4 1.2 1.3 1.4 1.4 1.2 1.3 1.4 1.4 1.5 1.4 1.5 1.4 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	ed by atutes.  3. TITLE  NAME  STREET  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  TITLE  NAME  STREET  NAME  STREET  NAME  NAME  STREET  NAME  NAME  STREET  NAME  NAME  NAME  STREET  NAME  NAME  NAME  NAME  NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	on's board of directors. I nereby accept the appo	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	, CD2E034 (4108)

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

SIGNATURE: 2

BEATRICE 04/13/99 Day