FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

DOCUMENT # S33666 (6)

1. Corporate Name
KARPAY BERGER RESIDENTIAL CORP.

Principal Place of Business
13902 N DALE MABRY HWY
SUITE 265
TAMPA FL 33618

Mailing Address
13902 N DALE MABRY HWY
SUITE 265
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1991
3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business
22 Suite, Apt. # or Rt.
23 City & State
24 Zip
25 County

26 2a. Mailing Address
27 Suite, Apt. # or Rt.
28 City & State
29 Zip
30 County

4. FEI Number: 59-3055173 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This organization has elected to be governed by section 607.1908 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEWIS, DALE F.
13902 N. DALE MABRY
SUITE 260
TAMPA FL 33618

10. Name and Address of New Registered Agent

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 Section 607.1005, 607.1008 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

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	DC	01 TITLE	☐ Change ☐ Addition
02 NAME	KARPAY, GEORGE B.	02 NAME	
03 STREET ADDRESS	13902 N DALE MABRY #265	03 STREET ADDRESS	
04 CITY ST ZIP	TAMPA FL	04 CITY ST ZIP	
01 TITLE	DPT	01 TITLE	☐ Change ☐ Addition
02 NAME	KARPAY, BARRY I.	02 NAME	
03 STREET ADDRESS	13902 N DALE MABRY #265	03 STREET ADDRESS	
04 CITY ST ZIP	TAMPA FL	04 CITY ST ZIP	
01 TITLE	D	01 TITLE	☐ Change ☐ Addition
02 NAME	KARPAY, BARBARA	02 NAME	
03 STREET ADDRESS	13902 N. DALE MABRY, SUITE 260	03 STREET ADDRESS	
04 CITY ST ZIP	TAMPA FL	04 CITY ST ZIP	
01 TITLE	DVS	01 TITLE	☐ Change ☐ Addition
02 NAME	LEWIS, DALE F.	02 NAME	
03 STREET ADDRESS	13902 N. DALE MABRY, SUITE 260	03 STREET ADDRESS	
04 CITY ST ZIP	TAMPA FL	04 CITY ST ZIP	
01 TITLE		01 TITLE	☐ Change ☐ Addition
02 NAME		02 NAME	
03 STREET ADDRESS		03 STREET ADDRESS	
04 CITY ST ZIP		04 CITY ST ZIP	
01 TITLE		01 TITLE	☐ Change ☐ Addition
02 NAME		02 NAME	
03 STREET ADDRESS		03 STREET ADDRESS	
04 CITY ST ZIP		04 CITY ST ZIP	

14. I declare I certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] B.I. KARPAY PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF BONA FIDE OFFICER OR DIRECTOR

Date

Daytime Phone #

0299070 CP