

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S33666 (6)
1. Corporation Name
KARPAY RESIDENTIAL CORP.



Principal Place of Business
13902 N DALE MABRY HWY
SUITE 200-
TAMPA FL 33618
US

Mailing Address
13902 N DALE MABRY HWY
SUITE 200-
TAMPA FL 33618
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/18/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3055173	
24 Country		29 Country		5. Certificate of Status Desired	
				8. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEWIS, DALE F. 13902 N. DALE MABRY SUITE 200 TAMPA FL 33618				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, 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) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	KARPAY, GEORGE B.	1.2 NAME	
STREET ADDRESS	13902 N DALE MABRY, SUITE 200	1.3 STREET ADDRESS	Suite 350
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DPT	2.1 TITLE	
NAME	KARPAY, BARRY I.	2.2 NAME	
STREET ADDRESS	13902 N DALE MABRY, SUITE 200	2.3 STREET ADDRESS	Suite 350
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	KARPAY, BARBARA	3.2 NAME	
STREET ADDRESS	13902 N. DALE MABRY, SUITE 200	3.3 STREET ADDRESS	Suite 350
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	OVS	4.1 TITLE	
NAME	LEWIS, DALE F.	4.2 NAME	
STREET ADDRESS	13902 N. DALE MABRY, SUITE 200	4.3 STREET ADDRESS	Suite 350
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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: _____ 1/3/98 113-968-1277 23

CR2E034 (10/97)