
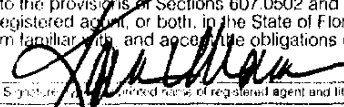
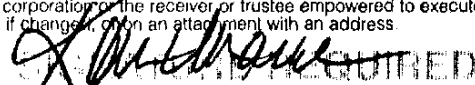


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S62163 (8)					
1. Corporation Name KAREN L. MARELL, P.T., P.A.					
Principal Place of Business 551 S CHIKASAW TRAIL ORLANDO FL 32825 US			Mailing Address 551 S CHIKASAW TRAIL ORLANDO FL 32825-7801 US		
2. Principal Place of Business 21 684 S. Golden Rod Rd Suite, Apt. #, etc.		2a. Mailing Address 26 684 S. Golden Rod Rd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/25/1991	
22 City & State 23 ORLANDO FL Zip 24 32822		27 City & State 28 ORLANDO FL Zip 29 32822		3a. Date of Last Report 06/20/1996	
25 Country USA		30 Country USA		4. FEI Number 59-3072181	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MARELL, KAREN L. 551 S CHICKASAW TRAIL ORLANDO FL 32825			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 684 S. Goldenrod Rd 83 City ORLANDO FL 85 Zip Code 32822		
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:  DATE: 1/31/97					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: PRES NAME: MARELL, KAREN L STREET ADDRESS: 551 S CHICKASAW TRAIL CITY - ST - ZIP: ORLANDO FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS: 684 S. Goldenrod Rd 1.4 CITY - ST - ZIP: ORLANDO FL 32822		
TITLE: D NAME: MARELL, KAREN L STREET ADDRESS: 551 S CHICKASAW TRAIL CITY - ST - ZIP: ORLANDO FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS: 684 S. Goldenrod Rd 2.4 CITY - ST - ZIP: ORLANDO FL 32822		
TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY - ST - ZIP: <input type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY - ST - ZIP: <input type="checkbox"/> DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY - ST - ZIP: <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY - ST - ZIP: <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. I do 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)