

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90106 036 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S80990**  
 1. Corporation Name  
**KARST INVESTORS I, INC.**

Principal Place of Business 1397 LAKESHORE DRIVE CLERMONT FL 34711	Mailing Address 1397 LAKESHORE DRIVE CLERMONT FL 34711
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>200-C South US. 27</b>	2a. Mailing Address 26 <b>200-C South US. 27</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Clermont, FL</b>	28 City & State <b>Clermont, FL</b>
24 Zip <b>34711</b>	25 Country <b>USA</b>
29 Zip <b>34711</b>	30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>09/18/1991</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-3114338</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**KARST, GEORGE F. J**  
**1397 W. LAKESHORE DR.**  
**CLERMONT FL 34711**

10. Name and Address of New Registered Agent

81 Name **George F. Karst Jr.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **476 Karst Investors I, Inc.**  
 83 **200-C S. US. 27**  
 84 City **Clermont** FL 85 Zip Code **34711**

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 *George F. Karst, Jr.* **George F. Karst, Jr President** DATE **4/21/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KARST, GEORGE, F., JR.</b>
STREET ADDRESS	<b>1397 W LAKESHORE DR</b>
CITY-ST-ZIP	<b>CLERMONT FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KARST, RANDALL LEE</b>
STREET ADDRESS	<b>1259 8TH ST</b>
CITY-ST-ZIP	<b>CLERMONT FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D KARST, RANDALL LEE</b>
2.3 STREET ADDRESS	<b>1375 5TH ST.</b>
2.4 CITY-ST-ZIP	<b>CLERMONT, FL 34711</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *George F. Karst, Jr.* **George F. Karst, Jr President** DATE **4/21/99** DAYTIME PHONE # **(352) 243-1044**

CR2E034 (11/98)