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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTME

OF STATE

Sandra B. M

Secretary of ate DIVISION OF CORP RATIONS

FILED Jan 24 1997 8:00am Secretary of State

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DENHO	DEDECAT	40	INIO		

KAREN'S PERFECT 10, INC.

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Principal Place of Business 1030 HENDRICKS AVENUE JACKSONVILLE FL 32207		1030 HENDRICKS AVE	Maing Address 1030 HENDRICKS AVENUE JACKSONVILLE FL 32207-8308			Date Incorporated or Qualified				
						10/09/1991		6/1996	•	
2. Principal	Place of Business	2a, Mailing Address				4. FEI Number	<u></u>		pplied For	
21		26				59-3078909		N	lot Applicable	
Suite, Ap	of #, etc	Suite. Apt. #, etc).			5. Certificate of Status Desired			Additional tequired	
City & St	olo	City & State					·			
-¬ ´		28				Election Campaign Financing Trust Fund Contribution			May Be I to Fees	
2 3 Zib	Country	Zip	Cou	ntry		8. This corporation has liability for i				
24	25	29	30	,			Yes [5. 199.032,	
	g. Name and Address of Curre					10. Name and Address of New Re	gistered A	gent		
WH	IITE KAREN			61 N	ame					
	30 HENDRICKS AVE			82 S	troot Addro	ss (P.O. Box Number is Not Acceptab	امار			
	CKSONVILLE FL 32207			0.	lieet Addie	iss (F.O. pox number is not neceptad	110)			
			Ì	83						
				84 C	its.		····	95 7:	Code	
				D4 (ity		FL	85 Zip	COUC	
12. T [[f	PVD	ND DIHECTORS	13.			d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO Change	RS IN 12	
NAME	WHITE, KAREN LEE		1.2 NA	MF	ł					
	ANTA CUITAGINE DI AN		1							
STREET ADDRESS	1			reet add						
00 r · \$1 · ZIF	JACKSONVILLE FL	DECETE	1.4 CI	REET ADO				Change	Additio	
	JACKSONVILLE FL	☐ DELETE	1.4 CI	IREET ADO TY-ST-ZI ILE				Change	Additio	
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CHY-ST-ZIP TITUE NAME STREET ADDRESS CHY-ST-ZIP TITUE NAME	JACKSONVILLE FL ST WHITE, KAREN LEE 3044 SOUTHSIDE BLVD. JACKSONVILLE FL		1.4 CI E 2.1 TII 2.2 N/ 2.3 ST 2.4 C E 3.1 TI 3.2 N/ 3.3 ST	TREET ADD TY-ST-ZI TLE AME REET ADD ITY-ST-Z TLE	P PRESS IIP PRESS IIIP PRESS					
COLY-ST-ZIP TITLE NAME STREET ADDRESS COLY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE FL ST WHITE, KAREN LEE 3044 SOUTHSIDE BLVD. JACKSONVILLE FL		1.4 CI E 2.1 TII 2 2 NA 2 3 ST 2 4 C E 3 I TI 3 2 NA 3.3 ST 3.4 C	TREET ADD TY-ST-ZI TLE AME TREET ADD TLE AME TREET ADD TTY-ST-ZI TREET ADD	P PRESS IIP PRESS IIIP PRESS				Additio	
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14. If 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 supplier ental 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 comporation on 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.

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