

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V02283** (2)
1. Corporation Name
KARMA CORP.



Principal Place of Business 1700 NW 127 WAY CORAL SPRINGS FL 33071 US	Mailing Address 1700 NW 127 WAY CORAL SPRINGS FL 33071-5416 US
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3. Date Incorporated or Qualified 12/20/1991	3a. Date of Last Report 04/23/1996
4. FEI Number 65-0301884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**SCHECTER, ANITA
1700 NW 127 WAY
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	NAME	1.1 TITLE	1.2 NAME
NAME	1700 NW 127TH WAY	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
STREET ADDRESS	CORAL SPRINGS FL	2.1 TITLE	2.2 NAME
CITY - ST - ZIP		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	1700 NW 127TH WAY	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
STREET ADDRESS	CORAL SPRINGS FL	4.1 TITLE	4.2 NAME
CITY - ST - ZIP		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY - ST - ZIP		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
TITLE	NAME		
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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 _____
Date _____ Daytime Phone # _____

CR2E034 (9/96)