FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 ... PM 1:57

DOCUMENT # V26003 (6)

1. Corporate Name
KAREN WILLIAMS, INC.

Principal Place of Business
1665 HARLOCK ROAD
MELBOURNE FL 32934

Mailing Address
1665 HARLOCK ROAD
MELBOURNE FL 32934

3. Date Incorporated or Qualified: 04/01/1992	3a. Date of Last Report: 02/07/1994
4. FEI Number: NOT APPLICABLE	Applied For / Not Applicable
5. Certificate of Status Desired [ ]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
8. ... Florida Statutes [ ] Yes [X] No	

2. Principal Place of Business	2a. Mailing Address
21 2863 Wright Avenue	26 2863 Wright Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Melbourne, Florida	City & State 28 Melbourne, Florida
Zip 24 32935 County 25 Brevard	Zip 29 32935 County 30 Brevard

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAMS, KAREN K. 1661 BRUMAN TER MELBOURNE FL 32936	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 2863 Wright Avenue 83 84 City: Melbourne FL 85 Zip Code: 32935

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	P, T, S [X] Change [ ] Addition
NAME	WILLIAMS, KAREN K	NAME	
STREET ADDRESS	1661 BRUMAN TER	STREET ADDRESS	2863 Wright Avenue
CITY-ST-ZIP	MELBOURNE FL	CITY-ST-ZIP	Melbourne, FLORIDA, 32935
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), 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: Karen Williams Karen Williams 4/28/95 407-636-4450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0073810 CP