

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUN 21 11:10:32

**DOCUMENT # V53771 (4)**

1. Corporation Name  
**KARON-JOMATT, INC.**

Principal Place of Business Mailing Address  
**9 CHERRY LN OCALA FL 34472**

DO NOT WRITE IN THIS SPACE.

2. Date Incorporated or Qualified **07/24/1992** 3a. Date of Last Report **03/23/1994**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-3135229** Applied For  Not Applicable

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State 28. City & State 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip Country 29. Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**ESPOSITO, RONALD J.**  
**9 CHERRY LN**  
**OCALA FL 34472**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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 reappointing. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESPOSITO, RONALD J.</b>	1.2 NAME	
STREET ADDRESS	<b>9 CHERRY LN</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESPOSITO, KAREN R.</b>	2.2 NAME	
STREET ADDRESS	<b>9 CHERRY LN</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESPOSITO, KAREN R.</b>	3.2 NAME	
STREET ADDRESS	<b>9 CHERRY LN</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(k), 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 R. Esposito, U.P. Date: 6/21/95 System # (404) 624-1856

CR2E034 (3/95)