

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

**FILED**  
**Mar 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000000325 (7)**  
 1. Corporation Name  
**KARP'S INC.**



Principal Place of Business <b>% JAMES C. COLIHAN          1114 AVENUE OF THE AMERICAS          NEW YORK NY 10036</b>	Mailing Address <b>% JAMES C. COLIHAN          1114 AVENUE OF THE AMERICAS          NEW YORK NY 10036</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date incorporated or Qualified <b>01/21/1997</b>	
4. FEI Number <b>52-2005725</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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: **DONALD A SUZZI**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	VNK, JAAP	
STREET ADDRESS	CSM NV NIENOORD 13, 1112 DIEMEN ZUID II	
CITY-ST-ZIP	AMSTERDAM, THE NETHERLANDS	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ARENTSEN, MARINUS	
STREET ADDRESS	CSM NV NIENOORD 13, 1112 DIEMEN ZUID II	
CITY-ST-ZIP	AMSTERDAM, THE NETHERLANDS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VAN DER KLAUW, JAN-WILLEM E	
STREET ADDRESS	CSM NV NIENOORD 13, 1112 DIEMEN ZUID II	
CITY-ST-ZIP	AMSTERDAM, THE NETHERLANDS	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLIHAN, JAMES C	
STREET ADDRESS	1114 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	Karp, JACK	<b>Add</b>
STREET ADDRESS	1301 Estes	
CITY-ST-ZIP	ELK Grove Village, IL 60007	
TITLE	President/COO	<input type="checkbox"/> DELETE
NAME	Bill Goldman	<b>Add</b>
STREET ADDRESS	1301 Estes	
CITY-ST-ZIP	ELK GROVE VILLAGE, IL 60007	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gary Gardner	
1.3 STREET ADDRESS	1301 Estes	
1.4 CITY-ST-ZIP	ELK Grove Village, IL 60007	
2.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald Suzzi	
2.3 STREET ADDRESS	1301 Estes	
2.4 CITY-ST-ZIP	ELK Grove Village IL 60007	
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.

SIGNATURE:  DONALD A SUZZI 3/13/98

CR2E034 (10/97)