

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

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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90035 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000325

1. Corporation Name
KARP'S INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business % JAMES C. COLIHAN 1114 AVENUE OF THE AMERICAS NEW YORK NY 10036	Mailing Address % JAMES C. COLIHAN 1114 AVENUE OF THE AMERICAS NEW YORK NY 10036 SAME
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3. Date Incorporated or Qualified 01/21/1997
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2. Principal Place of Business 21 % BAKEMARK EAST	2a. Mailing Address 26 % BAKEMARK EAST
Suite, Apt. #, etc. 22 1821 Walden Office Sq Suite 300	Suite, Apt. #, etc. 300
City & State 23 Schaumburg IL 60173	City & State 28 Schaumburg, IL
Zip 24 60173	Country 25 USA
Zip 29 60173	Country 30 USA

4. FEI Number 52-2005725	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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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 FL

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINK, JAAP	1.2 NAME	
STREET ADDRESS	CSM NV NIENOORD 13, 1112 DIEMEN ZUID II	1.3 STREET ADDRESS	
CITY-ST-ZIP	AMSTERDAM, THE NETHERLANDS	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARENTSEN, MARINUS	2.2 NAME	
STREET ADDRESS	CSM NV NIENOORD 13, 1112 DIEMEN ZUID II	2.3 STREET ADDRESS	
CITY-ST-ZIP	AMSTERDAM, THE NETHERLANDS	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DER. KLAUW, JAN-WILLEM E	3.2 NAME	
STREET ADDRESS	CSM NV NIENOORD 13, 1112 DIEMEN ZUID II	3.3 STREET ADDRESS	
CITY-ST-ZIP	AMSTERDAM, THE NETHERLANDS	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLIHAN, JAMES C	4.2 NAME	
STREET ADDRESS	1114 AVE. OF THE AMERICAS	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	4.4 CITY-ST-ZIP	
TITLE	CEO <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARP, JACK	5.2 NAME	Gary Gardner
STREET ADDRESS	1301 ESTES	5.3 STREET ADDRESS	1821 Walden office Sq Suite 300
CITY-ST-ZIP	ELKGROVE VILLAGE IL 60007	5.4 CITY-ST-ZIP	Schaumburg, IL 60173
TITLE	PCOO <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, BILL	6.2 NAME	Robert Wallace
STREET ADDRESS	1301 ESTES	6.3 STREET ADDRESS	1821 Walden Office Sq Suite 300
CITY-ST-ZIP	ELKGROVE VILLAGE IL 60007	6.4 CITY-ST-ZIP	Schaumburg, IL 60173

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, with all other like empowered.

SIGNATURE: Gary Gardner **SIGNATURE REQUIRED** Asst. Treasurer **3/22/99** **847-925-2100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)