

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G51325 (0)**

1. Corporation Name
KARP HOMES OF FLORIDA, INC.



Principal Place of Business: P.O. BOX 2391, R.S. FE CA 92067
Mailing Address: P.O. BOX 2391, R.S. FE CA 92067, US

3. Date Incorporated or Qualified: **07/26/1983**
3a. Date of Last Report: **04/05/1995**
4. FEI Number: **59-2313730**
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. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country

9. Name and Address of Current Registered Agent
**GERSON, GARY N.
% NASON, GILDEN, YEAGER & GERSON, P.A.
1645 PALM BEACH LAKES BLVD. SUITE 1200
WEST PALM BCH FL 33401**

10. Name and Address of New Registered Agent (81-85)
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
1. TITLE: **PD**
2. NAME: **KARP, SAMUEL**
3. STREET ADDRESS: **602 HYMETTUS ENCINITAS CA**
4. CITY-ST-ZIP:
5. TITLE: DELETE
6. NAME:
7. STREET ADDRESS:
8. CITY-ST-ZIP:
9. TITLE: DELETE
10. NAME:
11. STREET ADDRESS:
12. CITY-ST-ZIP:
13. TITLE: DELETE
14. NAME:
15. STREET ADDRESS:
16. CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1.1 TITLE: Change Addition
2. 1.2 NAME
3. 1.3 STREET ADDRESS
4. 1.4 CITY-ST-ZIP
5. 2.1 TITLE: Change Addition
6. 2.2 NAME
7. 2.3 STREET ADDRESS
8. 2.4 CITY-ST-ZIP
9. 3.1 TITLE: Change Addition
10. 3.2 NAME
11. 3.3 STREET ADDRESS
12. 3.4 CITY-ST-ZIP
13. 4.1 TITLE: Change Addition
14. 4.2 NAME
15. 4.3 STREET ADDRESS
16. 4.4 CITY-ST-ZIP
17. 5.1 TITLE: Change Addition
18. 5.2 NAME
19. 5.3 STREET ADDRESS
20. 5.4 CITY-ST-ZIP
21. 6.1 TITLE: Change Addition
22. 6.2 NAME
23. 6.3 STREET ADDRESS
24. 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 recorder 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 in an attachment with an address.

SIGNATURE: *Samuel Karp* 2-16-96 619-794-9006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)