

**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 # **P17386 (4)**  
1. Corporation Name  
**KARP'S, INC.**



Principal Place of Business: **1301 ESTES AVENUE ELK GROVE VILLAGE IL 60007**  
Mailing Address: **1301 ESTES AVENUE ELK GROVE VILLAGE IL 60007**

3. Date Incorporated or Qualified: **12/24/1987**  
3a. Date of Last Report: **02/22/1995**  
4. FEI Number: **36-1306970**  
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KARP, JACK	
STREET ADDRESS	1301 ESTES AVENUE	
CITY-ST-ZIP	ELK GROVE VILLAGE IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GOLDMAN, WILLIAM J.	
STREET ADDRESS	1301 ESTES AVENUE	
CITY-ST-ZIP	ELK GROVE VILLAGE IL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOCHBERG, SARA KARP	
STREET ADDRESS	1301 ESTES AVENUE	
CITY-ST-ZIP	ELK GROVE VILLAGE IL	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Gary Gardner	
STREET ADDRESS	1301 Estes Ave.	
CITY-ST-ZIP	Elk-Grove Village, IL 60007	
TITLE	Assistant Secretary	<input type="checkbox"/> DELETE
NAME	Gary Sakata	
STREET ADDRESS	1301 Estes Ave.	
CITY-ST-ZIP	Elk-Grove Village, IL 60007	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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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: \_\_\_\_\_ DATE: 3/26/96 (847) 593-5700

CR2E034 (12/95)