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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 343651

(6)

ED BAJALIA REALTY, INC.

FILED Mar 13 1997 8:00am Secretary of State



| Principal Place | e of Business | Mailing Addres | | | | | HAN BINIK BIN | | |
|-------------------------|--|-----------------------------|--------------------|---------------------|------------------|--|--------------------------------|---------------------|----------------|
| 1260 S MCDUFF AVE | | 1260 S MCDUFF AVE | | | | | | | |
| JACKSONVILLE | | JACKSONVILLE | FL 32205-8030 | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 03/26/1969 | 1 | e of Last 9/1996 | Report |
| | lace of Business | 2s. Mailing Add | dress | | • | 4. FEI Number | | | Applied For |
| 21 | | 26 | | | | | | iot Applicable | |
| Sulte, Apt. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | | City & State | | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Zip | Country | Zip | | Countr | у | 8. This corporation has liability for i | | | s. 199.032, |
| 24 | 25 | 29 | 30 | | | | Yes 🛂 | | . <u>.</u> |
| | 9. Name and Address of Curren | it Registered Agent | | 81 | Nowe | 10. Name and Address of New Re | gistered A | gent | |
| | OCK,HOLBROOK & AKEL P.A. | | | °' | Name | | | | |
| 2305 INDEPENDENT SQUARE | | | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable) | | | |
| JACK | SONVILLE FL 32202 | | | B3 | | | | | |
| | | | | | 1 | | | | |
| | | | | 84 | City | | FI | 85 Zip | Code |
| 11. Pursuant t | to the provisions of Sections 607 050 | 2 and 607.1508. Flo | rida Statutes, the | abov | L c-named o | corporation submits this statement for the p | urpose of o | IL changing | its registered |
| office or re | egistered agent, or both, in the State | of Florida, Such cha | ange was author | zed b | y the corp | corporation submits this statement for the p oration's board of directors. I hereby accep | the appo | intment a | s registered |
| | m ramiliar with, and accept the obliga | ations of, acction oo | 7.0505, Florida c | natute | 5. | | | | |
| SIGNATURE | Signature, typed or printed name of registered agri | not and title if applicable | (NO1E: Regis | twed Ag | pont signature r | equired when reinstating) | DATE | | |
| 12. | OFFICERS AN | | | 3. | | ADDITIONS/CHANGES TO OFFIC | | | |
| TITLE | PS | | DELETE 1. | TOLE | Ţ | DIRECTOR | | Change | Addition |
| NAME | BAJALIA, AUDI G | | 1 | 2 NAME | | BATALIA, AUDI G | | RD | |
| STREET ADDRESS | 1006 ORIENTAL GRNS RD | | | | 1 ADDRESS | 1006 ORIENTAL G | RNS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | | | 4 CITY- | ST-ZIP | JACKSONVILLE, FL 3 | | | 41 |
| TITLE | | البا | | 1 HILE | | HUDA HOUR GARA | | Change | Addition |
| NAME | | | | 2 NAME | | HUDA HONE BASA | <u> </u> | _ | |
| STREET ADDRESS | | | | | 1 ADDRESS | | _ | | |
| CITY-ST-ZIP | | | | 4 CITY | S1-ZIP | 04-18-04-04-04-04-04-04-04-04-04-04-04-04-04- | | Change | Addition |
| TITLE | | ىا | | 1 TITLE | | PRES / SECKETARY BAJALIA, HUDA A | ا سدده داد. | | E MODICION |
| NAME Street address | | | _ | 2 NAME 2 CIDEL | T ADDRESS | 1006 ORIENTAL GRN | S RZ | | |
| CITY-ST-ZIP | | | | 3 STREE 4. CITY- | i | TACKSONVILLE, PL | 32207 | 2.42 | 42 |
| TITLE | | [T] | | 4. CHY- 1 TITLE | 31-71 | THE CONTROL OF C | | Change | Addition |
| NAME | | ٠ ــــ | 1 | 2 NAME | | | | | |
| STREET ADDRESS | | | | | T ADDRESS | | | | |
| City-St-ZIP | | | | 4 CITY- | | | | | |
| TITLE | | | 251525 | 1 TITLE | | | | Change | Addition |
| NAME | | | | 2 NAME | } | | • | - | |
| STREET ADDRESS | | | | | 1 ADDRESS | | | | |
| CITY-ST-ZIP | No team of the control of | | | 4 CITY - | - 1 | | | | |
| TITLE | Francisco State Control of the Contr | | | 1 TITLE | | | | Change | Addition |
| NAME BY | 整理 報 新していました。 おき な しによった。 り | | 6. | 2 NAME | | | | | |
| STREET ADDRESS | A SAME TO A SECURITION OF STREET | | 6. | 3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | | 4 CHY- | - 1 | | | | |
| | ov certify that the information supplied | d with this filing doc | | | | ated in Section 119,07(3)(i), Florida Statute | s. I further | certify tha | al 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 of the resciver 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 a stagnment with an address.

CIONATURE.

Jaracen

3/9/97 944.384-087