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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami

Secretary of State DIVISION OF CORPORATIONS

1996

STREET ADDRESS

SIGNATURE: C

DOZOGOGO (A)

ACE E)	KPORT AND ENGINEERING		(0)						
Principal Place of Business 14901 FOXHOUND PLACE TAMPA FL 33624		14901 FOXHOUND PLACE TAMPA FL 33624							
						3. Date Incorporated or Qualified 01/28/1993	3a.	Date of Last Re	
2. Principal Place of Business		2a. Mailing Addre	2a. Mailing Address 26			4. FEI Number Applied For 59-3163052 Not Applied			pplied For lot Applicable
Suite, Apt. #, etc		Suite, Apl. #,	Suite, Apl. #, etc.			5. Certificate of Status Desired			Additional Required
Orty & State		City & State	 1			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip	Country Zip 25 29		30 Co.	ntry		This corporation has liability for Elorida Statutes	_		199.032,
Ч	9. Name and Address of Curre			[10. Name and Address of New R	egiste	ered Agent	
				81	Name				
KHAZAMI, KATHY A 14901 FOXHOUND PLACE				82	Street Addr	ess (P.O. Box Number is Not Acceptab	ile)		
TAMPA FL 33624				83					
				84	City			FL 85 Zip	Code
SIGNATURE	Suppose typed or present and of expelent ag-		(N/HE Ray tens	l Age	ot signature resource	ADDITIONS/CHANGES TO OFF		ATE	RS IN 12
IITUE	P	OFFICERS AND DIRECTORS			- · · · - · · · · · · · · · · · · · · ·	7,525,110,10,0,17,10,50,10,017	10.	☐ Change	Add tion
NAME	Khazami, Kathy A			1.2 NAME					
STREET ADDRESS	14901 FOXHOUND PLACE				I ADDRESS				
CITY - ST - ZIP	TAMPA FL 33624	□ DELE			ST-ZIP			Change	[] Addition
TITLE NAME	KHAZAMI, GHAFFAR	L., 0101	22 N						
name Street address	14901 FOXHOUND PLACE				T ADDRESS				
CITY - ST - ZIP	TAMPA FL 33624				ST ZIP				
TITLE		☐ DELE						Change	Addition
NAME			3 2 N	AME					
STREET ADDRESS			333	STREE	1 ADDRESS				
CITY-ST-ZIP				IIY - 5	S1 - 20F		-		
TITLE		☐ DELE	ETE 411	HLE	İ			Change	Add tion
NAME			425						
STREET ADDRESS					L ADDRESS				
CITY-ST-ZIP				4.4.C(TY - ST - Z(P) 5.1.1(TUE)				Change	Addition
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NAME			B						
				IAME					
STREET ADDRESS			535	IAME ITREE1	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP TITLE		[DELI	53S 540	IAME ITREE1	T ADDRESS S1-ZIP			☐ Change	☐ Addition

6.3 STREET ADDRESS

64 CITY ST-2IP

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 trusted 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 or an attachment with an address.

ADULUM MAN OFFICER OR DIRECTOR