

AMENDED ANNUAL REPORT

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000006259

1. Corporation Name
JADOON & COMPANY, INC.

Principal Place of Business	Mailing Address
1250 S.W. 27TH AVENUE FT. LAUD., FL 33312	1250 S.W. 27TH AVENUE FT. LAUD., FL 33312

3. Date Incorporated or Qualified 1/26/1994	3a. Date of Last Report 3/1/1996
4. FEI Number 65-0462410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.012, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address:
26 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
27 City & State	27 City & State
28 Zip	28 Zip
29 Country	29 Country

9. Name and Address of Current Registered Agent

**AYAZ KHAN JADOON
1250 S.W. 27TH AVENUE
FT. LAUD., FL 33312**

10. Name and Address of New Registered Agent

81 Name	MOHAMMAD S. JADOON
82 Street Address (P.O. Box Number is Not Acceptable)	1250 S.W. 27TH AVENUE
83	
84 City	FT. LAUD., FL
85 Zip Code	33312

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 of 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: *Mohammad S. Jadoon* DATE: **6-17-96**

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	AYAZ KHAN JADOON	
STREET ADDRESS	1250 S.W. 27TH AVENUE	
CITY - ST - ZIP	FT. LAUD., FL 33312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MOHAMMAD S. JADOON	
13 STREET ADDRESS	1250 S.W. 27TH AVENUE	
14 CITY - ST - ZIP	FT. LAUD., FL 33312	
21 TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	AYAZ KHAN JADOON	
23 STREET ADDRESS	1250 S.W. 27TH AVENUE	
24 CITY - ST - ZIP	FT. LAUD., FL 33312	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	100001893581	
53 STREET ADDRESS	-07/16/96--01002--004	
54 CITY - ST - ZIP	***61.25	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mohammad S. Jadoon* DATE: **6-17-96**

7/15/96
954-476-3687
954-791-1133