

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000016081 (7)
1. Corporation Name
KHADELY, INC.



Principal Place of Business: 10813 MYSTIC CIRCLE SUITE 108 ORLANDO FL 32836
Mailing Address: 10813 MYSTIC CIRCLE SUITE 108 ORLANDO FL 32836-6653

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	8001 S. Orange Blossom Tr.	26	10133 FACET COURT	02/21/1996	
22	ROOM 936	27		4. FEI Number	Applied For / Not Applicable
23	Orlando, FL	28	ORLANDO, FL	59-3366704	
24	32809	29	32836	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Orange	30	ORANGE	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SHABIR, MOHAMMED 10813 MYSTIC CIRCLE SUITE 108 ORLANDO FL 32836				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				10133 FACET COURT	
				83	
				84	City
				Orlando	FL
				85	Zip Code
				32836	

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHABIR, MOHAMMED	12 NAME	
STREET ADDRESS	10813 MYSTIC CIRCLE, #108	1.3 STREET ADDRESS	10133 FACET CT
CITY-ST-ZIP	ORLANDO FL 32836	1.4 CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PRES. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KHADELY, SALMA	2.2 NAME	
STREET ADDRESS	10813 MYSTIC CIRCLE, #108	2.3 STREET ADDRESS	10133 FACET CT.
CITY-ST-ZIP	ORLANDO FL 32836	2.4 CITY-ST-ZIP	ORLANDO FL 32836
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Salma Khadely* SALMA KHADELY 4/15/97 407-855-3423

CR2E034 (9/96)