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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S50066

ATAA, II	NC.						
				0			
Presided Place	o of Business	Mailing Address			-		
	ce of Business	Mailing Address					
		5205 E FOWLER AVE TAMPA FL 33617					
US		US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					05/06/1991		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21	•	26			59-3063751		t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			_	\$8.75	
22		27			5. Certifcate of Status Desired	Fee Re	
City & Stat	te :	City & State			6. Election Campaign Financing	\$5.00	•
23		28			Trust Fund Contribution	Added	
Zip	Country	Zip	Country	•	8. This corporation owes the current year		
24 .	25	29	30		Personal Property Tax.	∐ Yes	□No
1.	9. Name and Address of Curre		1001		10. Name and Address of New Registe		
			81	Name			
	DIR, AKHTAR				(B. C. B. M. A. A. M.		
5205	5 ME. FOWLER AVE.		82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
TAM	IPA FL 33617		83			the second	10 NO 124
	•				Service Services (Services)		经制度
			84	City		85 Zip (Code
640 P 350	1	00 - 1 007 1500 Fly its 011		 -	ration submits this statement for the purpos	<u>rlļ</u>	
11. Pursuant	to the provisions of Sections 607.050	uz and 607.1506. Fiorida Statu			ration submits this statement for the burbos	se of changing its	registerea
office or r	registered agent, or both, in the State	of Florida, Such change was a	authorized by t	the corporation	n's board of directors. I hereby accept the a	ppointment as re	gistered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was a	authorized by t	the corporation	i's board of directors. I hereby accept the a	ppointment as re	gistered
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90027 010 ***150.00

813-985-7816