

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 436661 (3)

1. Corporation Name

KHAN, INC.



Principal Place of Business

Mailing Address

C/O ALDO ICARDI  
990 LEWIS DR  
WINTER PARK FL 32789-2223

C/O ALDO ICARDI  
990 LEWIS DR  
WINTER PARK FL 32789-2223

3. Date Incorporated or Qualified

09/21/1973

3a. Date of Last Report

01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 237 Lookout Place

26 Post Office Box 1656

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite 100

27 -----

City & State

City & State

23 Maitland, Florida

28 Maitland, Florida

Zip

Zip

Country

Country

24 32751

25 USA

29 32794

30 USA

4. FEI Number

59-1540999

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ICARDI, ALDO  
990 LEWIS DR  
WINTER PARK FL 32789

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
237 Lookout Place

83 Suite 100

84 City  
Maitland

FL

85 Zip Code  
32751

11. Pursuant to the provisions of Sections 607.0507 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 (Change of Address ONLY!)

Signature (typed or printed name of registered agent and title if applicable)

(Typed or Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD  
NAME ICARDI, ALDO  
STREET ADDRESS 1100 S ORLANDO AVENUE #408  
CITY-ST-ZIP MAITLAND FL

DELETE

TITLE D  
NAME ICARDI, ELEANOR  
STREET ADDRESS 1100 S ORLANDO AVENUE #408  
CITY-ST-ZIP MAITLAND FL

DELETE

TITLE P  
NAME ICARDI, LAWRENCE T  
STREET ADDRESS 103 CEDAR OAK TRAIL  
CITY-ST-ZIP LONGWOOD FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96  
Date

407-647-1859  
Daytime Phone #

CR2E034 (3/96)