

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY -1 PM 1:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 536624

(0)

1. Corporation Name

AZEEM, INCORPORATED

Principal Place of Business

**4558 S. SEMORAN
ORLANDO FL 32822
US**

Mailing Address

**28 N. ALDER DRIVE
ORLANDO FL 32807**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/07/1977

3a. Date of Last Report

02/08/1994

4. FEI Number

**59-1740408
APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOLOMON, CATHERINE L.
28 N. ALDER DRIVE
ORLANDO FL 32807**

81 Name

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

83

84 City

FL

85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SOLOMON, GEORGE J
STREET ADDRESS	28 N ALDER DRIVE
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	DS
NAME	SOLOMON, CATHERINE L
STREET ADDRESS	28 N ALDER DRIVE
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	TDM
NAME	FOWLER, THOMASINA M
STREET ADDRESS	6209 KEARCE DRIVE
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	D
NAME	FOWLER, ROGER
STREET ADDRESS	6209 KEARCE DRIVE
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	D
NAME	SOLOMON, CATALINA U
STREET ADDRESS	28 N ALDER DRIVE
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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:

Thomasina M. Fowler

THOMASINA M. FOWLER

TDM

4/15/95

380-5767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE