FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **536624** **(0)**

1. Corporation Name

AZEEM, INCORPORATED

Principal Place of Business	Mailing Address
4556 S. SEMORAN ORLANDO FL 32822 US	28 N. ALDER DRIVE ORLANDO FL 32807

3. Date Incorporated or Qualified: 06/07/1977

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-1740408 — 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

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

2. Principal Place of Business	2a. Mailing Address
21 6209 KEARCE St.	26 6209 KEARCE St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, Fl	City & State 28 ORLANDO, Fl
Zip 24 32807 Country 25 US	Zip 29 32807 Country 30 US

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: THOMASINA M. FOWLER
82 Street Address (P.O. Box Number is Not Acceptable): 6209 KEARCE St.
83
84 City: ORLANDO FL 85 Zip Code: 32807

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. Said 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: Thomasina M. Fowler THOMASINA M. FOWLER 3-12-96
(If changing Registered Agent) (Registered Agent's Printed Name) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SOLOMON, GEORGE J		1.2 NAME	Solomon George J.	
STREET ADDRESS	28 N ALDER DRIVE		1.3 STREET ADDRESS	9201 Sutter Ct	
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP	ORLANDO, Fl. 32825	
TITLE	DS	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SOLOMON, CATHERINE L		2.2 NAME	Solomon, Catherine L	
STREET ADDRESS	28 N ALDER DRIVE		2.3 STREET ADDRESS	28 N ALDER Dr.	
CITY-ST-ZIP	ORLANDO, FL 00000		2.4 CITY-ST-ZIP	ORLANDO, Fl. 32807	
TITLE	TDM	☐ DELETE	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	FOWLER, THOMASINA M		3.2 NAME	Fowler, Thomasina M.	
STREET ADDRESS	6209 KEARCE DRIVE		3.3 STREET ADDRESS	6209 Kearce St.	
CITY-ST-ZIP	ORLANDO, FL 00000		3.4 CITY-ST-ZIP	ORLANDO, Fl. 32807	
TITLE	D	☐ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	FOWLER, ROGER		4.2 NAME	Fowler, Roger R	
STREET ADDRESS	6209 KEARCE DRIVE		4.3 STREET ADDRESS	6209 Kearce St.	
CITY-ST-ZIP	ORLANDO, FL 00000		4.4 CITY-ST-ZIP	ORLANDO, Fl. 32807	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SOLOMON, CATALINA U		5.2 NAME	Solomon, Catalina U	
STREET ADDRESS	28 N ALDER DRIVE		5.3 STREET ADDRESS	9201 Sutter Ct	
CITY-ST-ZIP	ORLANDO, FL 00000		5.4 CITY-ST-ZIP	ORLANDO, Fl. 32825	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Thomasina M. Fowler Thomasina M. Fowler 3-12-96 (407) 2250632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number