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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 697636

SIRGANY INTERNATIONAL OF ORLANDO, INC.

Principal Place of Business

**FILED** Feb 05 1998 8:00am Secretary of State



Mailing Address MIAMI INTERNATIONAL AIRPORT MIAMI INTERNATIONAL AIRPORT PO BOX 59-2313 PO BOX 59-2313 DO NOT WRITE IN THIS SPACE MIAMI FL 33159 MIAMI FL 33159 3. Date Incorporated or Qualified 08/04/1981 Applied For 59-2145310 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required **\$5.00** May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KAYAL, RAYMOND J 6850 S W 99 TERRACE Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI, FLORIDA 33156 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 reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE KAYAL, LORAINE S 1.2 NAME NAME 12E034 6850 SW 99 TERR 1.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE. 2.1 TITLE Channe Addition NAME KAYAL, RAYMOND J 2.2 NAME 6850 SW 99 TERR STREET ADDRESS 2.3 STREET ADDRESS MIAMI, FL 00000 CITY - ST - ZIP 2. 4 CITY - ST - ZIP \_\_ Change DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE BILE NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DFLETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE: