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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # 1. Corporation Name

(9)

Mailing Address

NAFISA Z. GHADIALI, INC.

2769 SEABREEZE DRIVE ST. PETERSBURG FL 33707		2769 SEABREEZE DRIVE ST. PETERSBURG FL 33707			Date Incorporated or Qualified 01/20/1982		a. Date of Last Report 06/22/1995		
		Ta Mill Million				4. FEI Number	1 	İTA	pplied For
2. Principal Place of Business 2a. Mailing Address								lot Applicable	
Suite, Apt. #, etc Suite, Apt.			t. #. elc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
2						Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	ntry		This corporation has liability for Florida Statutes Yes	intangible tax	cunder s	199.032,
1	25	29 Pagistared Agent	[30]			10. Name and Address of New F	legistered /	gent	
	9. Name and Address of Current	negisteleu Agent		81	Name				
GHADIALI, ZOHER 2769 SEABREEZE DRIVE ST. PETERSBURG FL 33701				82 Street Address (P.O. Box Number is Not Acceptable) 83					
				63					
				84	City		FL	85 Zıç	o Code
SIGNATURE _	System (per o principle) AND DIDECTORS			i Aş-ı	t signature reviou	ADDITIONS/CHANGES TO OFF			RS IN 12
TITLE	PD	DELETE.					L	Change	☐ Addition
NAME	GHADIALI, NAFISA		1 2 N	AME					
STREET ADDRESS	2769 SEABREEZE DRIVE		138	TREET	T ADDRESS				
•	ST PETERSBURG, FL 00000) TY - \$	Sr. 71P				
CITY - ST - ZIP TITLE	VP DELETE			2 1 TiTkE			[Change	Addition
NAME	GHADIALI, Z.M.		221	iAME	ļ				
STREET ADDRESS	2769 SEABREEZE DRIVE		235	23 STREET ADORESS					
CITY - ST - ZIP	ST PETERSBURG, FL 00000			2.4 CITY - S1 - 7IP				T Chasas	Addition
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NAME			321	NAME					
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NAME			421	NAME	1				
STREET ADDRESS			43	STREE	1 ADDRESS				
CITY-SI-ZIP			4.4	CITY -	ST-712			Change	Additio
Titl E		DELETE	5 1	THLE	:			LJ Grange	☐ vanin

5.2 NAME

6 1 TITLE

6.2 NAME

53 STREET ADDRESS

6.3 STREET ADDRESS

64 CHY - ST - ZIP

54 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

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 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 certify 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 charged, or on an uttachment with an address. 8/3 347-866/

☐ Change

☐ Addition

CR2E034 (12/95)