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

PROFIT CORPORATION





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

	_	FILE.	D
Feb	10	1998	8:00am
Se	ecre	tary (of State

INDUS CONSTRUCTION COMPANY, INC.							
Principal Plac	e of Busines	SS S	Mailing Address				JI F
7061 GRANDNATIONAL DR. P.O. BOX 616703							
#105-L ORLANDO FL 32961							
ORLANDO F	L 32619		US			DO NOT WRITE IN THIS SPACE	
03						3. Date Incorporated or Qualified	
2. Principal P	Place of Busi	nose	2a. Mailing Address			07/07/1982 4. FEI Number Applied F.	
21 P.O.		616703	26			4. FEI Number Applied Fi 59-2214372 Not Applie	
Suite, Apt.			Suite, Apt. #, etc.			#0 75 Addition	
22			27			5. Certificate of Status Desired Fee Required	ш,
City & Stat			City & State			6. Election Campaign Financing \$5.00 May Be	
23 ORL/	4MD0	FLORIDA	28			Trust Fund Contribution Added to Fees	
Zip 328	4/01	Country USA	Zip	Country		8. This corporation owes or has paid the current year Intangible	
24 328	ν ()	[20]		10		Personal Property Tax due June 30. 🔲 Yes 🔀 No	
	y, maine	and Address of Current	negistered Agent	81	Name	10. Name and Address of New Registered Agent	
	HITE, ROB			["	Name		
		NGE AVE., SUITE 1000		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
U	rlando f	L 32801		83			
				اتا			
				84	City	FL 85 Zip Code	
11. Pursuant	to the provis	sions of Sections 607 0502	and 607 1508 Florida Statutes	the above	e-named c	corporation submits this statement for the purpose of changing its registr	ored
office or r	regi s tered as	gent, or b oth, in the State o	f Florida. Such change was au	thorized by	the corpo	pration's board of directors. I hereby accept the appointment as register	ed
1 -	in i i i i i i i i i i i i i i i i i i	nin, and a ccept the obligati	ions of, Section 607.0505, Flori	da Statutes	i.		
SIGNATURE	Signature, typed	d or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	nt signature re	equired when reinstating) DATE	
12.		OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V		☐ DELETE	11 TITLE		Change Ad	dilion
NAME		ALLAH RAKHA		1 2 NAME			
STREET ADDRESS		VEST POINTE CIRCLE		1.3 STREET	ADDRESS	9133 BAYWARD (T.	
CITY-ST-ZIP	ORLAN	100 FL		1.4 CITY - ST	T-ZIP	ORVANDO, FLORIDA 32819	
TITLE	P	OLIALIED AL	☐ DELETE	2.1 TITLE		Change Ad	dition
NAME		SHAHID M.		2.2 NAME			
STREET ADDRESS		AYWARD COURT		2.3 STREET			ł
CITY-ST-ZIP	ORLAN	IVU FL	DELETE	2. 4 CITY - S	1 - ZIP		2727
TITLE			☐ DELETE	3.1 TITLE		L] Change L] Adi	aition
NAME OTDEET ADDRESS				3.2 NAME	*DODECO		
STREET ADDRESS				3.3 STREET			
CITY-ST-ZIP TITLE		<u></u>	DELETE	3.4. CITY-S 4.1 TITLE	1-702	☐ Change ☐ Ade	dition
NAME			ted occup	4. 2 NAME	İ	E Charles E Au	
STREET ADDRESS				4. 2 NAME	ADDRESS		l
CITY-ST-ZIP	!			4.4 CITY - ST			
TITLE			DELETE	5.1 TITLE	-211	Change Add	dition
NAME			. —	5.2 NAME		- 6 1	Ba
STREET ADDRESS				5.3 STREET	ADDRESS	2/10	()
CITY-ST-ZIP				5.4 CITY-ST		, o 3x	
TITLE			DELETE	6 1 TITLE		Criange	noitic
NAME				6.2 NAME	İ	300002425765 -02/10/92-01000-014	
STREET ADDRESS				6.3 STREET A	ADDRESS	05/10/20 01000 014	
CITY-ST-ZIP				64 CITY-ST	- ZIP	***150.00	
	ertify that th	e information supplied with	this filing does not qualify for t			in Section 119.07(3)(i), Florida Statutes, I further certify that the informa	tion

indicated on this annual report or supplemental annual report is frue 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.

PRESIDENT