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 # **F90538** **(2)**

1. Corporation Name
Z.A.N., INC.

Principal Place of Business
% ZUL RAHEMTULLA
2595 54TH AVENUE NORTH
ST. PETERSBURG FL 33714

Mailing Address
% ZUL RAHEMTULLA
2595 54TH AVENUE NORTH
ST. PETERSBURG FL 33714

3. Date Incorporated or Qualified: **07/13/1982**
3a. Date of Last Report: **02/03/1995**

2. Principal Place of Business
21
Suite Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite Apt #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2209293** 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

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

9. **Name and Address of Current Registered Agent**

RAHEMTULLA, ZUL
2595 54TH AVENUE NORTH
ST. PETERSBURG FL 33714

10. **Name and Address of New Registered Agent**

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
Typed or printed name of the registered agent — Registered Agent signature — DATE

12. OFFICERS AND DIRECTORS

TITLE	P T	☐ DELETE
NAME	RAHEMTULLA, ZUL	
STREET ADDRESS	2595 54TH AVE NO	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	D	☐ DELETE
NAME	RAHEMTULLA, NIZAR	
STREET ADDRESS	4900 W. SPACECOAST PARKWAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	☐ DELETE
NAME	RAHEMTULLA, ABDUL	
STREET ADDRESS	6115 YELLOW ROCK TRAIL	
CITY-ST-ZIP	DALLAS TX	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 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: ZUL RAHEMTULLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96
Date

1 813 522 3191
Daytime Phone #

CR2E034 (12/95)