

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000002522 (1)

1. Corporation Name

NKRUMAH ENTERPRISE, INC.



Principal Place of Business

**1584 N. HANCOCK STREET
SAN BERNARDINO CA 92411-1666**

Mailing Address

**1584 N. HANCOCK STREET
SAN BERNARDINO CA 92411-1666**

3. Date Incorporated or Qualified
05/28/1993

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
33-0488453

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOPER, MOHAMMAD NK.
5524 GUAR LANE
LAKELAND FL 33811**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **M
HALL, EDDIE**
STREET ADDRESS **5518 GUAR LANE**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **VC
HOLMES, ABDULLAH**
STREET ADDRESS **1594 N. HANCOCK ST.**
CITY-ST-ZIP **SAN BERNARDINO**

TITLE ☐ DELETE

NAME **PD
COOPER, MOHAMMAD**
STREET ADDRESS **1584 N. HANCOCK STREET**
CITY-ST-ZIP **SAN BERNARDINO CA**

TITLE ☐ DELETE

NAME **VPD
COOPER, KHADIJAH NK.**
STREET ADDRESS **1584 N. HANCOCK STREET**
CITY-ST-ZIP **SAN BERNARDINO CA**

TITLE ☐ DELETE

NAME **SD
HOLMES, AISHA**
STREET ADDRESS **1594 N. HANCOCK STREET**
CITY-ST-ZIP **SAN BERNARDINO CA**

TITLE ☐ DELETE

NAME **T
HOLMES, ABDULLAH**
STREET ADDRESS **1594 N. HANCOCK STREET**
CITY-ST-ZIP **SAN BERNARDINO CA 92411-1666**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mohammad Cooper

Date

6-17-96

Daytime Phone #

941-646-7190

CR2E037 (3/96)