## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name														
Aun ac	)LU, IIIO	•												
Principal Place of Business					Mailing Address					1	n indefinde sing finish Statil Bosis Collis C	Elit Beiti	BOND BAI <b>dd</b> (fill ii	HOOT ONLY (TOTAL
2900 WILCREST					2900 WILCREST				1					
SUITE 302					SUITE 302					DO NOT WOL	FF 163 TI	110 00 t of		
HOUSTON TX 77042				но	HOUSTON TX 77042				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3a. Date of Last Report					
										3.	12/14/1994	- 1	11/25/1996	•
2. Principal Place of Business					2a, Mailing Address					4.	FE! Number			Applied For
21					26						76-0438093		<b>⊢</b> —	Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.				-	Certificate of Status Desired		\$8.75	Additional	
22					27				В.	Certificate of Status Desired		Fee	Required	
I City & State					City & State				6.	Election Campaign Financing		\$5.0	<b>0</b> мау Ве	
23					28						Trust Fund Contribution		Adde	d to Fees
Zip	Country			-	<u>├</u>			Country			This corporation owes or has p		_ ′	_ ~
24	25 9. Name and Address of Current				29 30						Personal Property Tax due Jur Name and Address of New F			∐ No
DAI		and Addi	000 01 0011011	t mogra	orou Agoni		81	Γ'n	Name	10.	Maine and Address of New 1	ie grator	OU Agoin	
RAJAN, ARIF 5100 N. 9TH AVE.								1_						
PENSACOLA FL 32504								5	Street Addre	dress (P.O. Box Number is Not Acceptable)				
FENSAUULA FL 32304					1			t					· · · · · · · · · · · · · · · · · · ·	
					<u> </u>			<b>.</b>					T. ""	
							84		City	FL 85 Zip				p Code
11. Pursuant	to the provis	sions of Se	ctions 607.050	2 and 60	7.1508, Florid	ta Statutes	the abov	e-n	amed corpo	oration	n submits this statement for the oard of directors. I hereby acc	purpos	e of changing	its registered
office or r agent. Fa	egistered aç m f <b>am</b> iliar w	gent, or bo rith, <b>a</b> nd ac	th, in the State cept the obliga	of Florid ations of	ia. Such chan Section 607.	ge was au 0505, Flori	thorized by da Statute:	y th s.	e corporatio	on's b	oard of directors. I hereby acc	ept the	appointment a	as registered
SIGNATURE														
	Signature, typed		ne of registered age			(NOTE		ent s	ignature required			DAT		
12.	PD		OFFICERS AND	O DIREC		LETE	13.			Α	ADDITIONS/CHANGES TO OFF	ICERS	AND DIRECTO Change	
TITLE NAME	RAJAN, ARIF							1.1 TITLE					☐ Criany	: LI ACUIIOII
STREET ADDRESS								1.2 NAME 1.3 STREET ADDRESS						
CITY-ST-ZIP	PENSAC		HOL WITE				1.3 STREET							
TITLE	. 2710710				☐ DĒ	LETE	2.1 TITLE	31.2	<u>"</u>				Change	Addition
NAME							2.2 NAME		Ì				•	
STREET ADDRESS							2.3 \$1REE1	I ADI	DRESS					
CITY-ST-ZIP							2. 4 CITY-							
TITLE	_				☐ DE	LETE	3.1 TITLE	•					Change	Addition
NAME							3.2 NAME							
STREET ADDRESS							33 STREFT	I ADI	DRESS					
CITY-ST-ZIP							3 4. CHTY-	\$1 - <u>1</u>	ZIP					
TITLE					☐ D£	LETE	4.1 TITLE						☐ Change	noilitbA
NAME							4. 2 NAME							
STREET ADDRESS	1						4.3 STREET		1					
CITY-ST-ZIP						(515	4.4 CITY - S	\$1-2	IP.				T 65	. Lu 420
TITLE					□ DE	11.71	5.1 TITLE						∐ Change	Addition
NAME								5.2 NAME 5.3 STREET ADDRESS						
STREET ADDRESS														
CITY-ST-ZIP TITLE					□ DE	LETE	5.4 CHTY - 5 6.1 TITLE	51 - Z	IP				Change	Addition
NAME					ىن ب		6.2 NAME						onange	. L. HOSHION
STREET ADDRESS	 		<u>-</u>					T AN	DRESS					
CITY-ST-ZIP								STREET ADDRESS CITY-ST-ZIP						
3111-31-21	<del></del>			ł <del></del>			0.4011.5		"1					·

14. I do 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 dissect empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change i, or an an attachment with an address.

SIGNATURE:

**FILED** 

Sep 22 1997 8:00am

Secretary of State