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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # FORMANDAGOS

DIVISION OF CORPORATIONS

FILED Apr 15, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

04-15-1999 90102 042 ***150.00

1. Corporation	n Name								
SAFARI I	INNS, INC.								
0.4.7.4.7.								L KORKINE KING KARKE ARKIL ABING BERKI ABING BERKI ABING BEKINE BINGE ARKIN INI KANAN	
Principal Place	e of Business	M	ailing Address						
11447 HARRY HINES BLVD #103 11447 HARRY HINES BLVD #103					Ya				
DALLAS TX 75229 DALLAS TX 75229					,•			DO NOT WRITE IN THIS SPACE	
									_
								3. Date Incorporated or Qualifed	
0 0 :	L. J. C. D. J. L.	122	Mailing Address					12/06/1996 4. FEI Number Applied For	
2. Principal Place of Business			2a. Mailing Address						
Suite. Apt.	# etc	26	Suite, Apt. #, etc.					\$8.75 Additional	<u> </u>
22			27					5. Certificate of Status Desired Fee Required	
City & State			City & State					6. Election Campaign Financing S5.00 May Be	
23			28					Trust Fund Contribution Added to Foes	3 5
Zip	Country	1	Zip		Country			8. This corporation owes the current year Intangible	
24	25	29		30				Personal Property Tax. Yes No	_
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent	
1 1					Name	0	Denise Bowling	ļ	
SEELBINDER, JAMES C					82	Street A	ddre	ress (P.O. Box Number is Not Acceptable)	
HOLIDAY INN DELAND					2			332 ALELANder Que	_
INTERNATIONAL SPEEDWAY BLVD					83	İ	\mathcal{L}	Peltona	
DELAND FL 32724				84	City		85 Zip Code		
		_				<u> </u>			
office or n	enistered agent or both in the State o	if Florid	da. Such change was al	utnor	ized by	the corpor	corpor	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
. agent. l a	m familiar with, and accept the obligation	ons of	, Section 607.0505, Flo	rida S	Statutes			3.22.99	
SIGNATURE	1 Drese Docce	l.	~						1
Signature, typed or printed name of registered agent and title of explicable. (NOTE: R 12. OFFICERS AND DIRECTORS				_ <u> </u>	gistered Agent signature required		quired	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<u> </u>
TITLE	CD OFFICERS AND	DINE	□ DELETE	_	1.1 TITLE			☐ Change ☐ Addit	on 3
NAME	RAHEMTULLA, MUMTAZ				2 NAME				
STREET ADDRESS				- 1	1.3 STREET ADDRESS				1 3
CITY-ST-ZIP	DALLAS TX			- 1	1.4 CITY-ST-ZIP				8
TITLE	P		☐ DELETE		2.1 ππLE			☐ Change ☐ Addit	ion
NAME	RAHEMTULLA, ABDUL			ı,	2.2 NAME				
STREET ADDRESS				1	2.3 STREE	T ADDRESS		•	1
CITY-ST-ZIP	DALLAS TX				2. 4 CITY-S				
TITLE			☐ DELETE	_	3.1 TITLE			☐ Change ☐ Addit	ion
NAME			•	•] :	3.2 NAME				_
STREET ADDRESS					3.3 STREE	TADORESS			
CITY-ST-ZIP				:	3.4. CITY-5	ST-ZIP			
TITLE			☐ DELETE	1	4.1 TTTLE	-		☐ Change ☐ Addit	ion
NAME				ŀ	4. 2 NAME				
STREET ADDRESS				1	4.3 STREE	TADDRESS			
CITY-ST-ZIP					4.4 CITY-S	T-ZIP			
TITLE			☐ DELETE		5.1 TITLE			☐ Change ☐ Addi	ion
NAME	_				5.2 NAME	1			
STREET ADDRESS	,					T ADDRESS			
CITY-ST-ZIP				_	5.4 CITY-S	T-ZIP		☐ Change ☐ Addi	ion
TITLE			☐ DELETE		6.1 TITLE			☐ Change ☐ Addi	
NAME					5.2 NAME	*************			
STREET ADDRESS				ľ	6.3 STREE 6.4 CITY- S	T ADDRESS			
					~4111V-S	1-710			- 1

14. I 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 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, with all other like empowered. ABBUL RAHEMATULIA. 03/22/99