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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # G86680**

1. Corporation Name

	•	
Principal Place of Business		Mailing Addres
13730 SW 88 STREET		13730 SW 88 S

## **FILED** Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90028 021 \*\*\*150.00

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Principal Place	e of Business	Mailing Address					itt üteri mimii :	84914 B181F 1684	
13730 SW 88 STREET 13730 SW 88 STREET					·				
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÷'	•				3. Date Incorporated or Qualifed	IE IIV I I III O	FACE		
					02/27/1984			•	ĺ
a Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Aı	pplied For	e.
21	acc of Basiliess	26			59-2419337		N	ot Applicable	X.
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Additional	
22		27			5. Certifcate of Status Desired		Fee R	equired	
City & Stat	e ·	City & State			6. Election Campaign Financing	Π.	-	May Be	
23		28			Trust Fund Contribution			to Fees	-
Zip	Country	Zip	Count	try	8. This corporation owes the curr	ent year Inta	ingible <b>M</b> Yes	□No	}
24	25		30		Personal Property Tax.  10. Name and Address of New F	Penistered A	· <b>/&gt;</b>		
·	9. Name and Address of Current	Kegistered Agent		31 Name	10. Name and Address of News	togioto.co.	180111		1
MILL	ER, JACK C.		L						ļ
1342	22 S. W. 128TH STREET		18	32 Street Add	fress (P.O. Box Number is Not Accepta	able)			
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office or r agent. I a SIGNATURE	egistered agent, or both, in the State o im familiar with, and accept the obligation Signature, typed or printed name of registered agent			by the corporati		DATE		<del> </del>	6
	•	and title if applicable. (NOTE: ) DIRECTORS				DATE	D DIRECTO	ORS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	: Registered A	gent signature require	red when reinstating)	DATE		ORS IN 12	(11/98)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND DP NASEER, MUHAMMED	and title if applicable. (NOTE: ) DIRECTORS	: Registered A	gent signature require	red when reinstating)  ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	ORS IN 12	
SIGNATURE  12.  TILE	Signature, typed or printed name of registered agent OFFICERS AND DP NASEER, MUHAMMED 13730 N KENDALL DR.	and title if applicable. (NOTE: ) DIRECTORS	: Registered A 13. 1.1 TITU 1.2 NAM	gent signature require	red when reinstating)  ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	ORS IN 12	2E034 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND DP NASEER, MUHAMMED 13730 N KENDALL DR. MIAMI FL	and title if applicable. (NOTE:  D DIRECTORS  DELETE	: Registered A  13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	gent signature require  E IE EET ADDRESS /- ST- ZIP	red when reinstating)  ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	ORS IN 12	
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DP NASEER, MUHAMMED 13730 N KENDALL DR. MIAMI FL SD NASEER, NIGHAT	and title if applicable. (NOTE:  D DIRECTORS  DELETE	: Registered A  13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	gent signature require  E IE EET ADDRESS (-ST-ZIP E	red when reinstating)  ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	ORS IN 12	2F034
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DP NASEER, MUHAMMED 13730 N KENDALL DR. MIAMI FL SD NASEER, NIGHAT	and title if applicable. (NOTE: D DIRECTORS  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITM 2.4 CITM 2.4 CITM 2.5 CITM 2.7	gent signature require  E IE EET ADDRESS /-ST-ZIP E IE EET ADDRESS Y-ST-ZIP	red when reinstating)  ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	ORS IN 12 Addition	2F034
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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.