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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # H09071

1. Corporation Name

KHORAS	SAN ENTERPRISES, INC.							
Principal Place	e of Business	Mailing Address				I II DI BIBII BIBII BIBII	BIBLI DIELI FURT	
700-1 MAYPORT CROSSING BLVD 233 E BAY STREET. STE. 620 ATLANTIC BEACH FL 32233 US		700-1 MAYPORT CROSSING BLVD 233 E BAY STREET. STE. 620 ATLANTIC BEACH FL 32233 US		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed				
	_				06/21/1984			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	pplied For	
21		26			59-2443666		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	D Fee R	Additional equired ~	
City & Stat	re ·	City & State			6. Election Campaign Financing	1 1	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current	nt year Intangible ☐ Yes	□No	
24	25   9. Name and Address of Current	29 30	<u> </u>	<del></del>	Personal Property Tax.  10. Name and Address of New Re			
544		r registered Agent	81	Name				
Davis, Marshall D. 233 e Bay Street Suite 620			82	Street Addre	ess (P.O. Box Number is Not Acceptab	nle)		
			83		· · · ·			
JACI	KSONVILLE FL 32202		84	City	<del> </del>	- 85 Zip	Code	
				City		FL		
						umana of abanding its	registered )	
11. Pursuant office or nagent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligati	2 and 607.1508, Florida Statutes, of Florida. Such change was auth ions of, Section 607.0505, Florida	the above norized by a Statutes.	e-named corporation	pration submits this statement for the $ ho$ in's board of directors. I hereby accept	urpose of changing its the appointment as re	registered egistered	
11. Pursuant office or nagent. I a	m familiar with, and accept the obligati	ions or, Section 607.0305, Fiorida	a Statutes.	e-named corpo the corporation		urpose of changing its the appointment as re	registered egistered	6
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or im familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: Re	a Statutes.	-		DATE		(00)
agent. I a	m ramiliar with, and accept the obligation	t and title if applicable. (NOTE: Re	a Statutes.	-	d when reinstating)	DATE		(44,00)
agent. I a SIGNATURE	m familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: Re	egistered Agent	-	d when reinstating)	DATE	DRS IN 12	(44/00)
agent. I a SIGNATURE  12. TITLE	m familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: Re	egistered Agent 13. 1.1 TITLE	t signature required	d when reinstating)	DATE	DRS IN 12	(00/11/00)
agent. I a SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P HASHIMI, SAYED A. R.	I and title if applicable. (NOTE: ReD DIRECTORS	93 Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature required	d when reinstating)	DATE ICERS AND DIRECT( Change	DRS IN 12	(00/14/00)
Agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P HASHIMI, SAYED A. R. 8830 BROOKSHIRE COURT	t and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature required	d when reinstating)	DATE	DRS IN 12	(90/14/05)
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI P HASHIMI, SAYED A. R. 8830 BROOKSHIRE COURT JACKSONVILLE FL	Tand title if applicable. (NOTE: ReD DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	t signature required ADDRESS	d when reinstating)	DATE ICERS AND DIRECT( Change	DRS IN 12	(44/08)
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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 open attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90020 019 \*\*\*150.00