FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00						
CORP ANNUA	PROFIT PROPARTION UAL REPORT  Secretary of Control of C		e Harris of State		)	
1999 DIVISION OF GORF JRATIONS						
DOCUMENT # HI5ろん 1. Corporation Name				99 AUG -4 AM 10: 11		
PARS, INC.				SECRETARY OF ST	SECKETATY OF STATE TALLAHASSEE, FLORIDA	
				THE THE STEEL FLORIDA		
Principal Place of Business  Mailing Address  7036 W. PALMETTO PARE RO						
1					anau	
BOLA RATON, FL. 33433				DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE     [ ]	
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite Ant # e	26   Suite, Apt. #, etc.   Suite, Ap			59-2780770	Not Applicable	
22	760.	27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 31	Country	This corporation owes the current year Inter- Personal Property Tax		
	9. Name and Address of Current		. —— [	10. Name and Address of New Registered	<b>A</b>	
8601 BOCA GLIDZ BOLWAD WAST 81 Name POJRAN AFFAB						
or out it delices in the model and it is a post trained in the model and it						
BOCA RATON FLORIDA 33433 63 BOCA GLIDE BLUD W.						
POURAN AFTAB						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607 0505, Florida Statutes.						
SIGNATURE  Signature Signature of AST						
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE 1	POURA~ · AFTAG	Pres [ ] DELETE	1.1 TITLE 1.2 NAME		] Change Addition	
	7036 W. PALMET.		13 STREET ADDRESS			
	BOLA RAILY FL.	33Y33	14 CiTY-ST-ZiP			
TITLE		[] DELETE	21 TITLE 22 NAME	مرياني وينش ومنان وسيار وسيار وسيار وسيارون	☐ Change ☐ Addition	
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CITY-ST-ZIP			2 4 CITY-ST-ZIP	****900.00		
TITLE		☐ DELETE	31 TITLE		Change [] Addition	
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STREET ADORESS			53 STREET ADDRESS 54 City-St-Zip			
CITY-ST-ZIP TITLE	·	[ ] DELETE	61 TITLE	170	Change [] Addition	
NAME			6 2 NAME	1 10		
STREET ADDRESS			63 STREET ADDRESS	,		
CfTY-ST-ZiP 14. I hereby certif	ly that the information supplied with	this filing does not qualify for th	64 CRY-S1-ZIP	n Section 119.07(3)(i). Florida Statutes. Ufurther cert	ify that the information	

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.

SIGNATURE:

SIGNATURE:

SIGNATURE:

561-391-7906