## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherin's Harris ≪

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # H61366

1. Corporation Name

2000 -1999

INTERNATIONAL BUSINESS & TECHNOLOGY INC.

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## Jul 07, 2000 8:00 am Secretary of State

05-19-2000 90084 017 \*\*\*150.00

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Principal Place		Mailing Add			·· -		
9428 BAYMEADOWS RD 9428 BAYMEADOWS ROAD STE 108 SUITE 108 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256					DO NOT WRITE IN	THIS SPACE	
US		US				3. Date Incorporated or Qualifed 06/11/1985	
2. Principal Pl	lace of Business	2a. Mailing A	Address			4. FEI Number	Applied For
1		26				59-2571571	Not Applicat
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.		,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & S	tale			6. Election Campaign Financing	\$5.00 May Be
·		28				Trust Fund Contribution	Added to Fees
. Zip. — —. . I	Country	Zip		_	itry		
-;	9. Name and Address of Curre	29		ю]		Personal Property Tax.  10. Name and Address of New Regis	☐ Yes ☐ No
	S. Name and Address of Con-	ent tredistered Adi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		81 Name	to. Name Bild Address of New Rogis	rates Marit
SHA	ikh, m. ashraf			Ĺ			
	2 N. LEISURE LANE				82 Street	Address (P.O. Box Number is Not Acceptable)	
JACI	KSONVILLE FL 32258		•	ŀ	83		
				-	D4 Civ.	7	: : lee! Zin Codo
					84 City		FL. 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered at	gent and title if applicable	(NOTE: R	tegistered /	Agent signeture	required when reutstating)  ADDITIONS/CHANGES TO OFFICE	ATE
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NAME				2.2 NA	<b>WE</b>		
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14. I hereby certify that the information supplied with this filling 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, origin an attachment with an address, with all other like empowered.

SIGNATURE: