FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 11 PM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H75708** **(8)**

1. Corporate Name

H. & S. KADIWALA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
E. MERRITT ISLAND CSWY. #325-E MERRITT ISLAND FL 32952	E. MERRITT ISLAND CSWY. #325-E MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/12/1985**

3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-2576251** ☐ Applied For ☐ Not Applicable

Suite, Apt. # or etc. — 22

Suite, Apt. # or etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 — County — 25

Zip — 29 — County — 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KADIWALA, M. HAROON
EAST MERRITT ISLAND CSWY. #325-E
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(If changing registered agent, registered agent must sign.) (If changing registered agent, registered agent must sign.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
101 TYPE	D	111 TYPE	☐ Change ☐ Addition
102 NAME	KADIWALA, SULTANA M.	112 NAME	
103 STREET ADDRESS	1356 SILVER LAKE DR.	113 STREET ADDRESS	
104 CITY ST ZIP	MELBOURNE FL	114 CITY ST ZIP	
201 TYPE	SD	211 TYPE	☐ Change ☐ Addition
202 NAME	KADIWALA, M. HAROON	212 NAME	
203 STREET ADDRESS	1356 SILVER LAKE DR.	213 STREET ADDRESS	
204 CITY ST ZIP	MELBOURNE FL	214 CITY ST ZIP	
301 TYPE		311 TYPE	☐ Change ☐ Addition
302 NAME		312 NAME	
303 STREET ADDRESS		313 STREET ADDRESS	
304 CITY ST ZIP		314 CITY ST ZIP	
401 TYPE		411 TYPE	☐ Change ☐ Addition
402 NAME		412 NAME	
403 STREET ADDRESS		413 STREET ADDRESS	
404 CITY ST ZIP		414 CITY ST ZIP	
501 TYPE		511 TYPE	☐ Change ☐ Addition
502 NAME		512 NAME	
503 STREET ADDRESS		513 STREET ADDRESS	
504 CITY ST ZIP		514 CITY ST ZIP	
601 TYPE		611 TYPE	☐ Change ☐ Addition
602 NAME		612 NAME	
603 STREET ADDRESS		613 STREET ADDRESS	
604 CITY ST ZIP		614 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this report is executed in accordance with the applicable provisions of the Florida Statutes. I further certify that the information indicated on this report or supplemental 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 of this report, or on an attachment with the additions.

SIGNATURE: [signature] 5/8/95 407-452-8837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Telephone Number

0421106 FP