PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H91953

1. Corporation Name

NAME

STREET ADDRESS CITY-ST-ZIP

FANA CORPORATION

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| Principal Place | e of Business | Mailing Address | | | L IMPLAIS AND MARKET STATE OF THE PRINCE AND ADDRESS OF THE PRINCE AND | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 1037 PARK STR | REET | 1037 PARK STREET | | | | | |
| JACKSONVILLE | | JACKSONVILLE FL 32217 | | | | | |
| US | | US | | | . DO NOT WRITE IN | N THIS SPACE | <u> </u> |
| | | | | | Date Incorporated or Qualifed | | į |
| | | | | | 12/30/1985 | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4, FEI Number | | Applied For |
| 21 | | 26 | | | 59-2590946 | | Not Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | \$8. | 75 Additional |
| 22 | , | 27 | | | 5. Certifcate of Status Desired | F | ee Required |
| City & State | е | City & State | | | 6. Election Campaign Financing | \$5 | .00 May Be * |
| 23 | , | 28 | | | Trust Fund Contribution | | ided to Fees |
| Zip | Country | Zip | Countr | | 8. This corporation owes the current y | ear Intangible | |
| ⊢ ¬ ' | <u> </u> | ` | 30 | • | Personal Property Tax. | Ye: | |
| 24] | 25 9. Name and Address of Curre | | 30 | | 10. Name and Address of New Regis | | |
| <u>-</u> | 9. Name and Address of Curre | ent Registered Agent | 81 | Name | 10. Name and Address of New Adgres | ou rigani | |
| HAW | WA, FARID | | " | 144 | | | |
| | SMULLIAN TRAIL SOUTH | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable) | | |
| | | | | <u> </u> | | | |
| JAC | KSONVILLE FL 32217 | | 83 | 3 | | | |
| ٠ . خ | | | 84 | City | | 85 | Zip Code |
| , | | | Į. | 1 7 | | PL | , |
| 11 Pursuant | to the provisions of Sections 607.05 | 502 and 607.1508, Florida Statute | s, the abov | e-named o | corporation submits this statement for the purp | ose of changi | ng its registered |
| office or re | egistered agent, or both, in the Stat | e of Fionga. Such change was au | ilnonzeo oj | the corpo | ration's board of directors. I hereby accept the | e appointment | as registered |
| | | | ida Ctatuta | | | | |
| agent. La | m familiar with, and accept the oblig | gations of, Section 607.0505, Flori | ida Statute: | 5. | | | |
| agent. I a | | gations of, Section 607.0505, Flori | ida Statute: | 5. | | DATE | |
| agent. I a | Signature, typed or printed name of registered as | gations of, Section 607.0505, Flori gent and title if applicable. (NOTE: | Registered Age | 5. | quired when reinstating) | DATE | |
| agent. I as SIGNATURE | Signature, typed or printed name of registered as OFFICERS A | partions of, Section 607.0505, Flori pent and title if applicable. (NOTE: NDD DIRECTORS | Registered Age | 5. | | DATE | ECTORS IN 12 |
| agent. I at SIGNATURE 12. IIILE | Signature, typed or printed name of registered as OFFICERS A | gations of, Section 607.0505, Flori gent and title if applicable. (NOTE: | Registered Age 13. 1.1 TITLE | s. Int signature re | quired when reinstating) | DATE ERS AND DIR | ECTORS IN 12 |
| agent. I as SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered as OFFICERS A DPT HAWWA, FARID | partions of, Section 607.0505, Flori pent and title if applicable. (NOTE: NDD DIRECTORS | Registered Age 13. 1.1 TITLE 1.2 NAME | s. Int signature re | quired when reinstating) | DATE ERS AND DIR | ECTORS IN 12 |
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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. SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90113 006 ***150.00