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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # J09895

(0)

FILED May 02 1997 8:00am Secretary of State

	TH CARE INVESTORS, INC.	Mailin) Address		·····					
127 JENKS CIRCLE 127 JENKS CIRCLE PANAMA CITY FL 32405 4:										
U\$		US					3. Date Incorporated or Qualified	3e. Dai	e of Last	Report
							04/17/1986	1	01/199	
2. Principal	Place of Business	2a. Ma	2a. Mailing Address							Applied For
11		26					59-2674413			Not Applicable
— Suite, Ap 11	#, etc	├ ──	Suite, Apt. #, etc				5. Certificate of Status Desired .Fee Required			
City & St	ale	27 Cit	y & State				Election Campaign Financing			O May Be
3		28					Trust Fund Contribution			d to Fees
Ζφ	Country	Zıç)	Cor	intry		8. This corporation has liability for i			s. 199.032,
24	25	29		30	····			Yes		
	9. Name and Address of Curre	nt Registere	a Agent		81	Nome	10. Name and Address of New Re	giatered A	gent	
	LKADI, AHMED			i	Ш.	Name				
127 JENKS CIRCLE					82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
P/	ANAMA CITY FL 32405				83					
									· · · · · · · · · · · · · · · · · · ·	
				i	84	City		FL	85 Z	p Code
agent I SIGNATURE							oration submits this statement for the p on's board of directors. I hereby accep and when renstating)	DATE) in the internet	as registered
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12
TITLE	TD		DELETE	1.170	ITLE				Chang	e 🔲 Addition
NAME	MOSTAFA, ABDEL MONEM			1.2 N	AME	ļ .				
STREET ADDRESS	441 11 14111 4111 12 11 11			1.3 \$		ADDDECC				
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Tille	. I PD		T DELETE	1,4 C	ITY-ST				Chane	a Addition
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	ELKADI, AHMED		☐ DELETE	1.4 C 2.1 Tr 2.2 N	ITY-ST ITLE IAME	-719		· · · · · · · · · · · · · · · · · · ·	Chang	e Addition
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Two making certary war me mormation supplied with this image does not quality for the exemption stated in Section 119.07[37(), Fixing Statutes. 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.

SIGNATURE: