FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS .

1999 **DOCUMENT # J23289**

1. Corporation Name

HASNAYNE ENTERPRISES, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90208 042 ***150.00



| Principal Place | e of Business | Mailing Address | | | | | | #11 #1# 11 # 1#11 | |
|---|---|--|------------------------|---|--------------------------------|---|---------------|---------------------------------|---------------|
| 2978 HARBOUR | LANDING WAY | 2978 HARBOUR LANDING WAY | | | | | | | |
| CASSELBERRY FL 32707 | | CASSELBERRY FL 32707 | | | DO NOT WRITE IN THIS SPACE | | | | |
| , | | | | | | 3. Date Incorporated or Qualified | | | |
| | • | | | | | 07/07/1986 | | | |
| Principal Place of Business Za. Mailing Address | | | | | | 4. FEI Number | | | pplied For |
| ⊢ ⊸ ' | iace of business | ⊢ • | \neg | | | 59-2755280 | | <u> </u> | ot Applicable |
| Suite, Apt. | # sin | Suite, Apt. #, etc. | | | | 39 27 33200 | | | Additional |
| 22 | m, 610. | 27 | | | | 5. Certifcate of Status Desired | | | equired |
| City & State | A | City & State | | | 6. Election Campaign Financing | | | May Be | |
| 23 | - - | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip Country Zip | | | Country | | | 8. This corporation owes the curr | ent vear Int | angible | |
| 24 | 29 30 | | | | | Personal Property Tax. | • | ŬYeş | □No |
| 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New F | Registered | Agent | |
| | | | | | Name | | | | j |
| NEMAZIE, ALI ASGHAR | | | 8 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | HARBOUR LANDING WAY | | OZ SILEBI AL | | | Coo (i .C. Dox Hallibel to Her Hoopk | 22.0, | | |
| CASSELBERRY FL 32707 | | | 8 | 33 | | | | | |
|] | | | - | 34 | City | | | 85 Zip | Code |
| | | | ' | ~ | Oity | | FL | . 63 21 | |
| 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 | | | | | | | | | |
| office or r | egistered agent, or both, in the State of m familiar with, and accept the obligation | r Florida. Such change was aut ons of, Section 607.0505, Florid | nonzed t da Statute | oy th es. | e corporation | on's board of directors. I hereby accep | or the appoin | itment as re | egistered |
| SIGNATURE | ,, | | | | | | | | į |
| JONATORE | Signature, typed or printed name of registered agent | | | gent s | ignature required | d when reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | | |
| TITLE | P | ☐ DELETE | 1.1 7172.6 | | | | | ☐ Change | ☐ Addition |
| NAME | NEMAZIE, ALI ASGHAR | | 1.2 NAM | E | İ | | | | |
| STREET ADDRESS | 2978 HARBOUR LANDING WAY | | 1.3 STRE | EET AL | DORESS | | | | 1 |
| CITY-ST-ZIP | CASSELBERRY FL | | 1.4 CITY-ST-ZIP | | ZIP | | | | |
| TITLE | | DELETE | 2.1 TITLE | E | | | | ☐ Change | ☐ Addition |
| NAME | | | 2.2 NAM | Έ | | | | | 1 |
| STREET ADDRESS | • | • | 2.3 STRE | EET AI | DDRESS | | | | İ |
| C/TY-ST-ZIP | | | 2, 4 CITY | /-\$T-2 | ZIP | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | E | | | | ☐ Change | ☐ Addition |
| NAME | | | 3.2 NAM | E | | | | | Ì |
| STREET ADDRESS | | سجست داوره شا | 3.3 STRE | EETA | DORESS | | - | | |
| CITY-ST-ZIP | | | 3.4. CITY | /-ST- | ZIP | | | | |
| TITLE | · | DELETE | 4.1 TTLE | E | | | | ☐ Change | ☐ Addition |
| NAME | | | 4. 2 NAM | Æ | 1 | | | | İ |
| STREET ADDRESS | | | 4.3 STRE | EET AI | DDRESS | | | | |
| C/TY-ST-ZIP | <u> </u> | | 4.4 CITY | -ST-Z | ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | E | | | | Change | Addition |
| NAME . | | | 5.2 NAM | Ε | | | | | 1 |
| STREET ADDRESS | | | 5.3 STRE | EETAI | DDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY | -ST-2 | JP | | | | _ |
| TITLE | | ☐ DELETE | 6.1 TITLE | E | | | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | E | | | | | |
| STREET ADDRESS | | | 6.3 STRE | EET AI | DORESS | | | | { |
| CITY-ST-73P | | | 6.4 C/TY | -ST-Z | ZIP | | | | ļ |

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:

PULLIAS DEQUIRES

ED OR PRINTED NAMES SIGNING OFFICER OR DIRECTOR *a*zoured