

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # K02830**

**(3)**

1. Corporation Name

**9863 W. ATLANTIC AVE., INC.**



Principal Place of Business

**9863 W ATLANTIC AVE  
DELRAY BEACH FL 33446  
US**

Mailing Address

**9863 W ATLANTIC AVE  
DELRAY BEACH FL 33446  
US**

3. Date Incorporated or Qualified  
**11/17/1987**

3a. Date of Last Report  
**03/15/1995**

4. FEI Number  
**65-0091346**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

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

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESMAIL, ALLY  
9863 W.ATLANTIC AVE.  
DELRAY BCH. FL 33446**

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 607.1501, 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 agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent

Signature of Agent

Date

12. OFFICERS AND DIRECTORS

|                    |                         |                                 |
|--------------------|-------------------------|---------------------------------|
| 1. TITLE           | VPD                     | <input type="checkbox"/> DELETE |
| 2. NAME            | ABUASI, ALI             |                                 |
| 3. STREET ADDRESS  | 9863 WEST ATLANTIC AVE  |                                 |
| 4. CITY, ST, ZIP   | DELRAY BEACH FL         |                                 |
| 5. TITLE           | PD                      | <input type="checkbox"/> DELETE |
| 6. NAME            | ESMAIL, ALLY            |                                 |
| 7. STREET ADDRESS  | 9863 WEST ATLANTIC AVE. |                                 |
| 8. CITY, ST, ZIP   | DELRAY BEACH FL         |                                 |
| 9. TITLE           |                         | <input type="checkbox"/> DELETE |
| 10. NAME           |                         |                                 |
| 11. STREET ADDRESS |                         |                                 |
| 12. CITY, ST, ZIP  |                         |                                 |
| 13. TITLE          |                         | <input type="checkbox"/> DELETE |
| 14. NAME           |                         |                                 |
| 15. STREET ADDRESS |                         |                                 |
| 16. CITY, ST, ZIP  |                         |                                 |
| 17. TITLE          |                         | <input type="checkbox"/> DELETE |
| 18. NAME           |                         |                                 |
| 19. STREET ADDRESS |                         |                                 |
| 20. CITY, ST, ZIP  |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 amendment with an address.

**SIGNATURE:**

*ALLY ESMAIL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALLY ESMAIL**  
PRES

**2/12/96**

**407 499-5743**  
Daytime Phone

CR2E034 (12/95)