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 # K23116

1. Corporation Name

TEAMKAR DEVELOPMENT CORPORATION

Principal Place of Business		М	Mailing Address						•
% DARA KHOYI 10012 FOUNTAIN CT. NEW PORT RICHEY FL 34654		% DARA KHOYI 10012 FOUNTAIN CT. NEW PORT RICHEY FL 34654					DO NOT WRITE IN THIS SP	ACE	
MEW TOTAL	NOTE: TE OTHER			•			3. Date Incorporated or Qualifed 05/06/1988		
2. Principa	Place of Business	2a	. Mailing Address				4. FEI Number	1	Applied For
1	26						59-2887923		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional
22			27						Required
City & State			City & State				6. Election Campaign Financing		May Be
3 28							Trust Fund Contribution		d to Fees
Zip					Country 8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No				Пыс
24	25	29		30	T		Personal Property Tax. 10. Name and Address of New Registered Agr		LING
	9. Name and Address of Current	Regis	stered Agent		81	Name	10. Name and Address of New Registered Ag	Ç111C	
KI	ioyi, dara								
10012 FOUNTAIN CT.						Street Add	eet Address (P.O. Box Number is Not Acceptable)		
	W PORT RICHEY FL 34654				83				
• • • • • • • • • • • • • • • • • • • •									
					84	City	FL	85 Zi _l	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth					o by	the corporate	paration submits this statement for the purpose of cha	anging i	ts registered registered
agent.	am familiar with, and accept the obligation	ons of	f, Section 607.0505, Flori	da Stat	utes.	•			ļ
SIGNATUR	E		Martine Martin	Danistand	. Acor	t ekonohura rozuure	ed when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS				<u> </u>	T 13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	TORS IN 12
TITLE	DPT	Ditti	DELETE	1.1 TI	TLE			Chang	
NAME	KHOYI, DARA		_	1.2 N	AME				1
STREET ADDRE	ACCAC FOLINITAIN OT					ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34654				ITY-S1				1
TITLE	S			_	2.1 TITLE			Chang	B Addition
NAME	KHOYI, ANVAR			2.2 N	AME				j
STREET ADDRE	ACCAG FOUNTAINLOT			1		ADDRESS			
	NEW PORT RICHEY FL 34654				ITY-S				Į
CITY-ST-ZIP TITLE	14211 1 0111 1 1101127 1 2 0 100 1		☐ DELETE	3.1 71] Chang	e 🔲 Addition
NAME				3.2 N	AME				j
STREET ADDRE	22			3.3 S	TREET	ADDRESS			ļ
CITY-ST-ZIP	~				ITY-S				
TITLE			☐ DELETE	4.1 TI				Chang	e 🗌 Addition
NAME				4.21	IAME				}
STREET ADDRE	ss			4.3 S	TREET	ADDRESS			ľ
CITY-ST-ZIP					ITY-S1	r-zip			
				4.4 U					
TITLE			☐ DELETE	5.1 TI				Chang	e Addition
			☐ DELETE	_	TLE			_ Chang	e Addition
TITLE	SS		☐ DELETE	5.1 TI 5.2 N	MLE AME	ADDRESS		_ Chang	e
TITLE NAME	ss		☐ DELETE	5.1 TI 5.2 N 5.3 S	MLE AME] Chang	e Addition

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 aper 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 excerte 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90063 019 ***150.00