FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible].00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **K26555** **(8)**

1. Corporation Name
NAGEENA ENTERPRISES, INC.

Principal Place of Business
% AQUEELA KHUDDUS
2507 S. INDIAN RIVER DR.
FT. PIERCE FL 34950
US

Mailing Address
% AQUEELA KHUDDUS
2507 S. INDIAN RIVER DR.
FT. PIERCE FL 34950
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **06/15/1988**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **65-0074859** 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

9. Name and Address of Current Registered Agent
BERGER, GARY A
111 ORANGE AVE.
STE. #300
FT PIERCE FL 34950

10. Name and Address of New Registered Agent
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 607.0505, 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 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KHUDDUS, AQUEELA
STREET ADDRESS	2507 S INDIAN RIVER DR
CITY-ST-ZIP	FT PIERCE FL 34950
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	KHUDDUS, AQUEELA
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
☒ Change ☐ Addition	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
☐ Change ☐ Addition	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
☐ Change ☐ Addition	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
☐ Change ☐ Addition	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
☐ Change ☐ Addition	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	
☐ Change ☐ Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I am authorized to certify 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 in charge of its property; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: Aqueela Khuddus (PRESIDENT) 27th March 96 407-461-1473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)