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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # K33420

(6)

Principal Place of Business Mailing Address 7963 LAKE WORTH RD. 7963 LAKE WORTH RD. LAKE WORTH FL 33467-3227						
1				3. Date Incorporated or Qualified	3a. Date of Last Re	port
				09/19/1988	05/01/1996	
2. Principal Place of Business		2e. Mailing Address		4. FEI Number Applied For Not Applicabl		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		00-00//1/8	60 75 Azamani	
22		27		5. Certificate of Status Desired	Fee Rec	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation has liability for i		199.032.
24	9. Name and Address of Curren	29	30	Florida Statutes 10. Name and Address of New Re	Yes No	
1411/		it tradistated whatt	81 Name	(U. Maine and Addiess of New Yes	Narelen vilour	
JAIKISSOON, SEOSAHAI 7963 LAKE WORTH RD.						
LAKE WORTH FL 33467			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	L WOMM / L 0040/		83			
			04 64		10-1 7- C	\
			84 City	·	FL 85 Zip C	ode
11. Pursuant to office or reasont. Lar	to the provisions of Sections 607.05(egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida Such change waterions of, Section 607.0505,	tutes, the above-named corp s authorized by the corporal Florida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its of the appointment as r	registered egistered
SIGNATURE						
12.	Signature, typed or profled name of registered ag	ent and title if applicable. (N ID DIRECTORS	OTE: Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE SEDS AND DIRECTORS	: INI 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME	JAIKISSOON, SEOSAHAI	_	1.2 NAME		-	
STREET ADDRESS	3157 FOREST HILLS BLVD		1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change	Addition
NAME			22 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CiTY+ST-ZiP		T on st	2. 4 CITY-ST-ZIP			171.4200
FITLE		DELETE	3.1 TITLE	•	L. Change	L Addition
NAME OZDELY ADODESC			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME		- -	4. 2 NAME		_ •	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			,
CHY-ST-ZIP			54 CITY-ST-7IP			
TITLE		[] DEFELE	6.1 TITLE		L Change	☐ Addition
NAME			6.2 NAME			
STHEET ADDRESS			6.3 STREET ADDRESS	•		
Crty-St-ZIP	by certify that the information supplie	ed with this filing does not gu	6.4 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statute	s. I further certify that t	the
7 4	المرافق والمرافق المرافق المرافق والمرافق والمرا		المتحلة المستحد المتأثثات المتحدد المتحدد الماأتية المتحدد	t my signature shall have the same lega n as required by Chapter 607, Florida S		

SEOSANAI TAIKISSOON

Daytime Phone #