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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

**FILED** Feb 04 1998 8:00am Secretary of State

Principal Plac C/O HASSAN 973 W 8 R 4 LONGWOOD	SHARIFI 34	Mailing Add C/O HASSA 973 W S R LONGWOOD	n Sharifi 434				DO NOT WRITE  3. Date Incorporated or Qualified			
							10/03/1988			
	lace of Business	2a. Mailing A	ddress				4. FEI Number 59-2952390			Applied For Not Applicable
21 Suite, Apt.	# etc	26 Suite, Ap	l # elc				39-2932390			Additional
22	., 0.0.	27					5. Certificate of Status Desired			Required
City & State	9	City & St	ate				6. Election Campaign Financing		\$5.0	0 May Be
23		28					Trust Fund Contribution			d to Fees
Zip	Country	Zip		Countr	У		8. This corporation owes or has pa	_		
24	25	29		30			Personal Property Tax due June			☐ No
	9. Name and Address of Curre	nt Registered Age	nt				10. Name and Address of New Re	gistered .	Agent	
	arifi, Hassan			81	'  '	Name				
	PORTSMOUTH COVE					Street Addres	ess (P.O. Box Number is Not Acceptable)			
				83	3					
				84	-	City			<b>85</b> Zij	p Code
						•		FL		,
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Statim familiar with, and accept the oblig	oz and 607.1508, Fe e of Florida. Such o gations of, Section	607.0505, Floi	rida Statute	98.		ration submits this statement for the p on's board of directors. I hereby accep	of the app	ointment a	is registered
	Signature, typod or printed name of registered as		(NOTE		gent s	ignature required	t when reinstating)	DA1F		
12.	OFFICERS AF	ND DIRECTORS	DELETE	13. 1.1 TOLE	-		ADDITIONS/CHANGES TO OFFIC	ERS ANL	Change	
TITLE NAME	SHARIFI, HASSAN	L	J DECENC	1.2 NAME					onunge	
STREET ADDRESS	229 PORTSMOUTH COVE			1.3 STREE		npcéé				
CITY-ST-ZIP	LONGWOOD FL			1.4 CITY-						
TITLE	T		DELETE	2.1 TITLE		"			Change	Addition
NAME	SHARIFI, GITA		_	2.2 NAME					•	
STREET ADDRESS	229 PORTSMOUTH COVE			2.3 STREE	E1 ADO	DRESS				
CITY-ST-ZIP	LONGWOOD FL			2. 4 CITY		1				
TITLE	<u> </u>	I	DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	ET ADO	DRESS				
CITY-ST-ZIP				3.4 CITY	- ST - 2	71P				
TITLE			DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAMI	E					
STREET ADDRESS				4.3 STREE	ET ADO	DRESS				
CITY-ST-ZIP				4.4 CITY-		'lb			-	
TITLE		L	DELETE	5.1 TITLE					☐ Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 \$1REE						
CITY-ST-ZIP			1 pri cze	5.4 CITY-		'IP			T 0	
TITLE		L	DELETE	6.1 TITLE					☐ Change	e
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE						
CITY-ST-ZIP				6.4 CITY-	ST-Z	IP [				

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.