

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K35825

(4)

1. Corporation Name

RAMADAN HAND INSTITUTE, INC.



Principal Place of Business

407 N. HERNANDO ST.
LAKE CITY FL 32055
US

Mailing Address

P O BOX 110
LAKE CITY FL 32056
US

2. Principal Place of Business

21 9303 NW 143rd Street

Suite Apt. #, etc.

22 City & State

23 Alachua, FL

24 Zip

32615

Country

25 Alachua

2a. Mailing Address

26 P.O. Box 940

Suite, Apt. #, etc.

27 City & State

28 Alachua, FL

29 Zip

32616-0940

Country

30 Alachua

3. Date Incorporated or Qualified

09/23/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2913224

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
9303 NW 143rd Street

83

84 City

Alachua

FL

85 Zip Code
32615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and officer, if applicable

Signature typed or printed name of registered agent and officer, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME RAMADAN, A. MONEIM
STREET ADDRESS 407 N. HERNANDO STREET
CITY-ST-ZIP LAKE CITY FL

TITLE STD ☐ DELETE

NAME EVANS, REBECCA G
STREET ADDRESS 407 N. HERNANDO STREET
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

9303 NW 143rd Street
Alachua, FL 32615

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VP, S, T, D

9303 NW 143rd Street
Alachua, FL 32615

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

800001843938
-05/30/96--01017--023
***225.00

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 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 attachment with an address.

SIGNATURE:

Rebecca G. Evans

Rebecca G. Evans

05/01/96

(904) 462-4375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Date/Phone #

CR2E034 (12/95)