

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 08 1996 8:00 am
Secretary of State

DOCUMENT # K51698 (4)

1. Corporation Name

INDEX SOUTH, INC.



Principal Place of Business

Mailing Address

7041 GRAND NATIONAL DR
P.O. BOX 616703
ORLANDO FL 32861
US

7041 GRAND NATIONAL DR
P.O. BOX 616703
ORLANDO FL 32861
US

3. Date Incorporated or Qualified

12/15/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 7041 GRAND NATIONAL DR.

26 7041 GRAND NATIONAL DR.

4. FEI Number

59-2919214

Applied For

Not Applicable

22 Suite, Apt. #, etc.

105

27 Suite, Apt. #, etc.

105

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

ORLANDO FLORIDA

28 City & State

ORLANDO FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

32819

25 Country

USA

29 Zip

32819

30 Country

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NASIR, SHAHID M.
9133 BAYWARD COURT
STE 116
ORLANDO FL 32819

81 Name

SHAHID NASIR

82 Street Address (P.O. Box Number is Not Acceptable)

7041 GRAND NATIONAL DR. #105

83

84 City

ORLANDO

FL

85 Zip Code

32819

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 607.0505, Florida Statutes.

SIGNATURE

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

SHAHID NASIR VICE PRESIDENT

2/2/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME NASIR, HANIFA BEGUM
STREET ADDRESS 1820 WESTPOINTE CIRCLE
CITY-STATE-ZIP ORLANDO FL ☐ DELETE

TITLE D
NAME NASIR, ALLAH RAKHA
STREET ADDRESS 1820 WESTPOINTE CIRCLE
CITY-STATE-ZIP ORLANDO FL ☐ DELETE

TITLE VP
NAME NASIR, SHAHID MAHMOOD
STREET ADDRESS 9133 BAYWARD COURT
CITY-STATE-ZIP ORLANDO FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAHID NASIR

2/2/96 (407) 352-5581

Date

Day/Time Phone #

CR2E034 (12/95)