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 #

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

111

| INDEX SOUTH, INC. Principal Place of Business P.O. BOX 618703 ORLANDO FL 32861 US Principal Place of Business P.O. BOX 618703 ORLANDO FL 32861 US 2a. Mailing Address | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/15/1988 4. FEI Number Applied For |
|--|--|-------------------------------|----------------------|----------------|----------|---|
| 21 | | 26 | | | | 59-2919214 Not Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | | SR 75 Additional |
| 22 | | 27 | | | | Certificate of Status Desired Fee Required |
| City & Sta | 0 | City & State | | | | Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | L Co | untry | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. Yes 🔀 No |
| | 9. Name and Address of Current | t Registered Agent | | 81 | Name | 10. Name and Address of New Registered Agent |
| | 11 SOUTH ORANGE AVE., SUITE RLANDO FL 32801 | 1000 | | 82 83 84 | Street A | Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code |
| office or i agent. I a SIGNATURE | egistered agent, or both, in the State or market familiar with, and accept the obligation of the state of semiliar with, and accept the obligation of the state o | and title if applicable. (NOT | | ed Agen | | corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | DP | DELETE | 1 i I | ITLE | | Change Addition |
| NAME | nasir, hanifa begum | | 1.2 N | iAME | | • • • • |
| STREET ADDRESS | 1820 WESTPOINTE CIRCLE | | 1.3 STREET ADDRESS O | | DDRESS | 9133 BAYWARD CT. |
| CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY-ST-ZIP | | | ORLANDO, FLORIDA 32819 |
| TITLE | D | ☐ DELETE | 2.1 T | | | Change Addition |
| NAME | NASIR, ALLAH RAKHA | | 2.2 N | IAME | - 1 | – |
| STREET ADDRESS | 1820 WESTPOINTE CIRCLE | | 2.3 S | TREET A | DORESS | 9133 BAYWARD CT. |
| CITY-ST-ZIP | ORLANDO FL | | | CITY-SI | | 9133 BAYWARD CT. ORLANDO, FLORIDA 32819 |
| TITLE | VP | DELETE | 31 T | | - | Change Addition |
| NAME | NASIR, SHAHID MAHMOOD | | 3.2 N | IAME | | |
| STREET ADDRESS | 9133 BAYWARD COURT | | 3.3 S | TREET A | DORESS | |
| CITY-ST-ZIP | ORLANDO FL | | | CITY-ST | | |
| TITLE | | ☐ DELE te | 4.1 T | | | ☐ Change ☐ Addition |
| NAME | | | 4.21 | | | _ v _ |
| STREET ADDRESS | | | | TREET AL | DORESS | |
| City-St-ZIP | | | | ITY-ST- | i | |
| TITLE | | DELETE | 51 TI | | | ☐ Change ☐ Addition |
| NAME | | | 5.2 N | | - 1 | 15 \a8 |
| STREET ADDRESS | | | | TREET AS | DDRESS | \$\i\0\'\ |
| CITY-ST-ZIP | | | | ITY-SI- | | 21. |

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. VICE PRESIDENT

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

___ Addition

FILED

Feb 10 1998 8:00am

Secretary of State

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