

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90324 039 \*\*\*150.00

DOCUMENT # K51698 ✓

1. Corporation Name

INDEX SOUTH, INC.

Principal Place of Business

Mailing Address

PO Box 616703  
ORLANDO FL 32861  
US

P.O. Box 616703  
ORLANDO FL 32861  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1988

2. Principal Place of Business

21 P.O. Box 142383

2a. Mailing Address

26 P.O. Box 142383

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 GAINESVILLE FL

28 GAINESVILLE FL

Zip

Country

Zip

Country

24 32614

25

USA

29 32614

30

USA

4. FEI Number

59-2919214

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 owes the current year intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, ROBERT M. JR.  
201 S. ORANGE AVE  
SUITE 1000  
ORLANDO FL 32801

81 Name

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

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME NASIR, HANIFA BEGUM  
STREET ADDRESS 9133 BAYWARD CT.  
CITY-ST-ZIP ORLANDO, FLORIDA 32819

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME NASIR, ALLAH RAKHA  
STREET ADDRESS 9133 BAYWARD CT.  
CITY-ST-ZIP ORLANDO, FLORIDA 32819

2.1 TITLE DP ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME NASIR, SHAHID MAHMOOD  
STREET ADDRESS 9133 BAYWARD CT.  
CITY-ST-ZIP ORLANDO, FLORIDA 32819

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

Signature: Shahid Nasir SHAHID NASIR VICE PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/99 (352) 336-2391

CR2E034 (11/98)