PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT CALCULATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

	1333	<u> </u>				
DOCU 1. Corporation	MENT # K82170		-			
NOOR I	NCORPORATED					
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	e of Business	Malling Address	•			•
1220 S MAIN S WILDWOOD FL		P.O. BOX 159 WILDWOOD FL 34785		DO NOT WRITE	IN THIS SPACE	
				 Date Incorporated or Qualified 04/20/1989 		
2. Principal F	Place of Business	2aMailing Address		4. FEI Number		ied.For.
21		26		59-2939320		Applicable
Suite, Apt.	#, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	
22 City & Sta	te	City & State		6. Election Campaign Financing	₩ 0 \$5.00 M	lav Be
23 -		28	. 	Trust Fund Contribution	\$5.00 M	
Zip	Country	Zip	Country	8. This corporation owes the curren		_
24	25		10	Personal Property Tax.		No
	9. Name and Address of Curren	t Registered Agent	81 Name I	10. Name and Address of New Re	gistered Agent	
· CAI	II 1 A7164			rehl Gerald	<u>ა. </u>	
SAJU, AZIM 1220 S. MAIN STREET			82 Street Add	dress (P.O. Box Number is Not Acceptable	e)	
	DWOOD FL 34785		83 Sec ()	NW G - NWC		
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	·		84 C)C	ala	FL 85 Zip Co	ŀ
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes	the above-named control by the compra	rporation submits this statement for the pution's heard of directors. I hereby accept to	irpose of changing its re the appointment as regis	egistered stered
agent. I a	am familiar with, and accept the oblige	tions of, Section 607.0505, Florid	la Statutes.	poration submits this statement for the pution's board of directors. I hereby accept		
SIGNATURE	WILLIAM AND	ALI SATU_	legistered Agent signature requi		DATE	
12.	Signature, typed or printed name of registered ager	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		S IN 12
TITLE	P	DELETE	1.3 TITLE		Change	Addition
NAME	SAJU, AZIM		12 NAME			
STREET ADDRESS	**** **** ********		1,3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34482		1.4 CITY-ST-ZIP			
TITLE .	VP	☐ DELETE	2.1 TTLE		Change	Addition
NAME	SAJU, NARROZ		2.2 NAME			ļ
"STREET ADDRESS	3951 NW BLITCHTON ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34482		2.4 CITY-ST-ZIP			C 44/%
TITLE	S	☐ DELETE	3.1 TILE		* [] Change	☐ Addition
NAME	SAJU, NURJEHAN		3.2 NAME			
STREET ACCRESS	4516 WINDERLAKES DRIVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition
TITLE	1) DELLIC	4.3 IIILE 4.2 NAME			_
NAME OTRECT ADDRESS	l		4.3 STREET ADDRESS			ì
STREET ADORESS	1		4.4 City-ST-ZIP			ĺ
TITLE	 	☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS	i .		- 1			1
	.[5.3 STREET ADDRESS			
CRY-ST-ZIP	,		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	.		Change	Addition
		☐ DELETE	5.4 CITY-ST-ZIP		☐ Change	☐ Addition
TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		∵	Addition

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 altachment with an address, with all other like empowered.

SIGNATURE:

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90215 004 ***150.00