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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K83949**

(3)

1. Corporation Name

**SRJ SERVICES INC.**



Principal Place of Business

**501 N STATE RD 7  
PLANTATION FL 33317**

Mailing Address

**501 N STATE RD 7  
PLANTATION FL 33317**

3. Date Incorporated or Qualified  
**04/27/1989**

3a. Date of Last Report  
**04/12/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DURBEEJ, JERRY K.  
2419 NW 95 AVE  
CORAL SPRINGS FL 33065**

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 firm if applicable

NOTE: Registered Agent's signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **IBRAHIM, SHAMIM**  
STREET ADDRESS **2757 NW 116 TER**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **RAMNAUTH, RABINDRANATH**  
STREET ADDRESS **19504 SW 118 CT**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **DURBEEJ, JERRY K.**  
STREET ADDRESS **2419 NW 95 AVE**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **ALI, AHAMAD**  
STREET ADDRESS **10388 NW 49TH CT**  
CITY-ST-ZIP **CORAL SPRINGS FL**

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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:

*Shamim Ibrahim*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/21/96* *(305) 587-1360*  
DATE DAY/IN PHONE #

CR2E034 (12/95)