

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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33317-2127



|                                                                                                                                                             |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>04/27/1989                                                                                                             | 3a. Date of Last Report<br>03/04/1996 |
| 4. FEI Number<br>65-0124725                                                                                                                                 | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                        |                                            |
|----------------|------------------------|--------------------------------------------|
| TITLE          | D                      | <input type="checkbox"/> DELETE            |
| NAME           | IBRAHIM, SHAMIM        |                                            |
| STREET ADDRESS | 2757 NW 116 TER        |                                            |
| CITY-ST-ZIP    | CORAL SPRINGS FL       |                                            |
| TITLE          | D                      | <input type="checkbox"/> DELETE            |
| NAME           | RAMNAUTH, RABINDRANATH |                                            |
| STREET ADDRESS | 19504 SW 118 CT        |                                            |
| CITY-ST-ZIP    | MIAMI FL               |                                            |
| TITLE          | D                      | <input type="checkbox"/> DELETE            |
| NAME           | DURBEEJ, JERRY K.      |                                            |
| STREET ADDRESS | 2419 NW 95 AVE         |                                            |
| CITY-ST-ZIP    | CORAL SPRINGS FL       |                                            |
| TITLE          | D                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | ALI, AHAMAD            |                                            |
| STREET ADDRESS | 10388 NW 49TH CT       |                                            |
| CITY-ST-ZIP    | CORAL SPRINGS FL       |                                            |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-ST-ZIP    |                        |                                            |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-ST-ZIP    |                        |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Shamim Ibrahim* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2/10/97 Daytime Phone #: (954) 587-1360

CR2E034 (9/96)