

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L43865** (9)

1. Corporation Name

TIME TEMPTATION INC.

Principal Place of Business

Mailing Address

**C/O MANSOOR ODHWANI
109 N.E. 2ND AVE.
MIAMI FL 33132**

**C/O MANSOOR ODHWANI
109 N.E. 2ND AVE.
MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/16/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0169174** 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 has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☒ 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 Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ODHWANI, MANSOOR
101 S.W. 13 ST #305
SUITE 528
MIAMI FL 33130**

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 of Agent (Printed Name of Registered Agent and New Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME **PDS
ODHWANI, MANSOOR**
12.2 STREET ADDRESS **109 N.E. 2ND AVE.**
12.3 CITY, ST, ZIP **MIAMI FL**

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP

12.4 NAME
12.5 STREET ADDRESS
12.6 CITY, ST, ZIP

13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP

12.7 NAME
12.8 STREET ADDRESS
12.9 CITY, ST, ZIP

13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP

12.10 NAME
12.11 STREET ADDRESS
12.12 CITY, ST, ZIP

13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP

12.13 NAME
12.14 STREET ADDRESS
12.15 CITY, ST, ZIP

13.17 TITLE ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST, ZIP

12.16 NAME
12.17 STREET ADDRESS
12.18 CITY, ST, ZIP

13.21 TITLE ☐ Change ☐ Addition
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made personally by the officer or director of the corporation or the person or persons empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this annual report, or as an attachment with an address.

SIGNATURE:

[Signature]

Signature and Typed or Printed Name of Signing Officer or Director

4/20/95

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