Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90179 004 \*\*\*150.00

Mailing Address

**STE 137** 

7061 GRAND NATIONAL CR

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L46800 1. Corporation Name

Principal Place of Business

7061 GRAND NATIONAL DR

FANA ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE ORLANDO FL 32819 ORLANDO FL 32819 3. Date Incorporated or Qualifed 01/29/1990 2a. Mailing Address 2. Principal Place of Business Applied For 7121 Grand National Not Applicable 7121 Grand National Dr 26 59-2992557 \$8.75 Acditional Suite, Apt. #, etc. Suite, Ar t. #, etc. 5. Certifcate of Status Desired Fee Required Suite Süite 101 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust F and Contribution Oclardo Orlan Added to Fees 28 Country 8. This corporation owes the current year Intangible Country ¥Z Yes Person al Property Tax. 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Ansar ANSARI, TAHIR Street Ad Iress (P.O. Box Number is Not Acceptable) 82 7061 GRAND NATIONAL DR **STE 137** 83 OFILANDO FL 32819 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named color poration submits this statement for the purpose of changing its 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. Tahir SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 11 TITLE TITLE ahir Ansari 12 NAME 712 | Grand National Dr Ste. 101 NAME ANSARI, TAHIR 7061 GRAND NATIONAL DR 1.3 STREET ADDRESS STREET ADDRESS orlando FL 32819 ORLANDO FL 14 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 curtify that the information indicate 1 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.

CR2E034 (11/98)