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DOCUMENT # L47675

(8)

JODAH, CORP.

7213 N. W. 12 STREET  
MIAMI FL 33126

7213 N. W. 12 STREET  
MIAMI FL 33126

2. [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]  
9. Name and Address of Current Registered Agent

JALALI BIDGOLI, REZA  
7213 N. W. 12 STREET  
MIAMI FL 33126

3. 02/06/1990 3a. 05/01/1994  
4. 65-0175998  
5. \$8.75 Additional Fee Required  
6. \$5.00 May Be Added to Fees  
8. 10. Name and Address of New Registered Agent

01. 02. 03. 04. FL 05.

11.

12. PTD  
JALALI BIDGOLI, REZA  
7213 NW 12 ST  
MIAMI FL  
VSD  
JALALI BIDGOLI, HASSAN  
7213 NW 12 ST  
MIAMI FL

13.

14.

SIGNATURE:

*[Signature]*  
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4/12/95

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1995



DOCUMENT # L50083

(9)

THE AYOUB CORPORATION

MR. MOHAMED SULIMAN AYOUB  
207 8TH STREET EAST  
ST. PETERSBURG FL 33715-9248

MR. MOHAMED SULIMAN AYOUB  
207 8TH STREET EAST  
ST. PETERSBURG FL 33715-9248

02/15/1990

04/21/1994

59-3057454

**\$8.75 Additional  
Fee Required**

**\$5.00** May Be  
Added to Fees.

9. Name and Address of Current Registered Agent

AYOUB, MOHAMED SULIMAN  
207 8TH STREET  
TIERRE VERDE FL 33715

10. Name and Address of New Registered Agent

FL

D  
AYOUB, MOHAMED SULIMAN  
207 8TH STREET EAST  
TIERRE VERDE FL  
D  
SULIMAN, OSAMA M.  
207 8TH STREET EAST  
TIERRE VERDE FL  
D  
SULIMAN, SULIMAN M.  
207 8TH STREET EAST  
TIERRE VERDE FL  
D  
SULIMAN, GIHAN M.  
207 8TH STREET EAST  
TIERRE VERDE FL  
D  
SULIMAN, SHAHNAZ  
207 8TH STREET EAST  
TIERRE VERDE FL  
D  
SULIMAN, HISHAM M.  
207 8TH STREET EAST  
TIERRE VERDE FL

**SIGNATURE:**

M. S. Ayoub

4/25/1995 (813) 5223946

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF  
INSURANCE  
TALLAHASSEE, FLORIDA

FILED  
MAR 15 1995  
TALLAHASSEE, FLORIDA

DOCUMENT # L50377 (5)

RON TROWELL INSURANCE AGENCY, INC.

3700 NW 91ST SUITE E-200  
GAINESVILLE FL 32606

3700 NW 91ST SUITE E-200  
GAINESVILLE FL 32606

|                               |                                |
|-------------------------------|--------------------------------|
| 3. Expiration Date of License | 3a. New License Request        |
| 02/12/1990                    | 08/15/1994                     |
| 4. License Number             | 5. License Fee                 |
| 59-2997884                    | \$8.75 Additional Fee Required |
| 6. Licensee's Signature       | \$5.00 May Be Added to Fees    |
| 7. Licensee's Signature       |                                |

9. Name and Address of Current Registered Agent

TROWELL, RON  
3700 NW 91 ST., STE E-200  
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

|          |             |
|----------|-------------|
| 81. Name | 82. Address |
| 83. City | 84. State   |
| 85. Zip  |             |

12. P  
TROWELL, RON  
3700 NW 91 ST #B-100  
GAINESVILLE FL  
ST  
TROWELL, DARLENE  
ROUTE 1 BOX 439  
HIGH SPRINGS FL

3700 NW 91ST #E-200

SIGNATURE:

*Ron Trowell*  
RON TROWELL

4-26-95 901-374-8661