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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **L61867** **(2)**

1. Corporation Name

**KHIMANI & ASSOCIATES, INC.**

Principal Place of Business

**3163 W. HALLANDALE BEACH BLVD.**
**PEMBROKE PARK FL 33009**

Mailing Address

**3163 W. HALLANDALE BEACH BLVD.**
**PEMBROKE PARK FL 33009**

3. Date Incorporated or Qualified: **04/03/1990**

3a. Date of Last Report: **03/03/1995**

4. FEI Number: **65-0254830** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 9741 NW 11 ST
Suite, Apt. #, etc.
27
City & State
28 PLANTATION, FLORIDA
Zip 29 33322 Country 30 U S A

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. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

**KHIMANI, SHAUKET ALI**
**9741 N.W. 11 ST.**
**PLANTATION FL 33322**

10. **Name and Address of New Registered Agent**

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] MARCH 1996

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | P | ☒ DELETE |
| NAME | KHIMANI, SAIRA | |
| STREET ADDRESS | 9741 N.W. 11 ST. | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | P | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | DIRECTOR | ☑ Change ☐ Addition |
| 1.2 NAME | KHIMANI, SAIRA | |
| 1.3 STREET ADDRESS | 9741 NW 11 ST | |
| 1.4 CITY-ST-ZIP | PLANTATION, FL 33322 | |
| 2.1 TITLE | PRESIDENT | ☐ Change ☑ Addition |
| 2.2 NAME | KHIMANI SHAUKET ALI | |
| 2.3 STREET ADDRESS | 9741 NW 11 ST | |
| 2.4 CITY-ST-ZIP | PLANTATION, FLORIDA | |
| 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 voluntary, 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 affirmative.

**SIGNATURE:** [signature] [signature] MARCH 96 (954) 986-6639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

SAIRA KHIMANI SHAUKET ALI KHIMANI

CR2E034 (12/95)