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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996	
DOCUMENT # 1. Corporation Name	L

L73998

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SPUPNIA	PII-MIM		INI .

Principal Place of Business Mailing Address 712 PINEWALK DR. BRANDON FL 33510 BRANDON FL 33510					E SESTION ON TABLE WIND TOTAL	20 Date				
							3. Date Incorporated or Qualified 05/17/1990	1	of Last F /01/19	•
2.	Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number			Ariplied For
21			26				59-3009971			Not Applicable
22	Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
22	City & State		City & State				6. Election Campaign Financing			May Be
23]		28				Trust Fund Contribution			ed to Fees
	Zip	Country	Zip	Country	y		8. This corporation has liability for		k under s	199.032,
24		9. Name and Address of Cu		30			Florida Statutes Ye 10. Name and Address of New	s No	ant	
		9. Name and Address of Cu	rrent Registered Agent	81	Τ-	Name	IU. Maille allo Adoress of New	negistered /	deur	
	ARDALLA	NH, SFARJANI		-			/D O Day Number in Not Angests	h (a)		
		WALK DRIVE		82	1	Street Addre	ess (P.O. Box Number is Not Accepta	iDiej		
		N FL 33510		83	1					
				84	+	City			85 Z	ip Code
					1	,		FL		·
	or registere familiar wit IGNATURE	ed agent, or both, in the State of I h, and accept the obligations of, S	Florida. Such change was authorized Section 607.0505, Florida Statutes.	by the corp	oor	ration's boar	ation submits this statement for the purd of directors. I hereby accept the app	pointment as	registered	d agent. I am
1:		Signature, typed or printed name of registered OFFICERS	agent and the if applicable (NOTE: AND DIRECTORS	Ragistered Age	111 8	sigi ature required	d when minstaring" ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	ORS IN 12
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N/	AME	SFARJANI, ABDALLAH		1.2 NAME		ļ				
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\$1	TREEL ADDRESS			63 STREE	[A[DDRESS				
	1Y - ST - ZIP		Park that is a first transfer of the same	6.4 CITY-:				0.03/0\0.5		too I f. Ab - :
	certify that oath: that l	the information indicated on this am an officer or director of the o	annual report or supplemental annua	! report is tre empowered	'ue	and accurat	or the exemption stated in Section 119 te and that my signature shall have the signature shall have the signature of the sign	e same legal (effect as i	if made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SPENING OF ICER OR DIRECTOR

-4-30-96 (813)684-6576

CR2E034 (12/95)