## 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 # L84855

K. R. KHUDA, INC.

FILED	
Mar 18 1996	8:00 am
Secretary of	State

	of Business	Mailing Address					
	140 Alexandria	Blvd Suite	н				
	Oviedo, FL 327		•-				
	0,1000, 11 01.			3. Date Incorporated or Qualific	_ I .		
			<u></u>	06/29/90	<u> </u>		
2. Principal Pla		2a. Mailing Address	ndria Blvd.	4. FEI Number 59-3017702			olied For
	exandria Blvd.		nulla bivu	39-3017702			Applicable dditional
Suite Apt #		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	Fee Rec	
22 Suite Oily & State		27 Suite H City & State		6. Election Campaign Financing		5.00	·
		28 Oviedo,	TD 7	Trust Fund Contribution	~ — ~	Added to	•
Σρ Σρ	edo, FL Country	7 <sub>IP</sub>	Country	8. This corporation has liability	for intangible tax u	ınder s	199.032.
24 32765	25	29 32765	30	Florida Statutes Y	es 🔲 No		
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New	Registered Agen	ıt	
			81 Name	Karl A. Burgunder	, 10 A	<b>\Delta + +</b>	ornev
	Khaled R.		82 Street Ad	ddress (P.O. Box Number is Not Acce	ptable)	1166	<u>~</u> #44.7.1"
	Carlsbad Court		175	7 W. Broadway, Su			
Oviedo	o, FL 32765		63				
			B4 City		B5	Zio	ode_
•			'0'	viedo	FL	32	765
11. Pursuant lo	o the provisions of Sections 607.05	02 and 607.1508, Flor da Statul	tes, the above-named or	orporation submits this statement for I oration's board of directors. I hereby a	he purpose of chai	nging its cent as r	s registered registered
onice or re agent. Lan	gistered agent, or both, in the statent familiar with, and accept the obligations.	gations of, Section 607.0505. FI	orida Statutes	a allott's board of directors Thereby at	/	1-	og.o.c.
SIGNATURE	Yould A. K.	mund	Mesia	est	2/27/	196	
5			E. Registered Agent's gnature re		DATE		0.151.40
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO O		Change	S IN 12 Addition
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NAME	Khuda, Khaled I		1.2 NAMÉ				
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NAMÉ	Khuda, Nawshal		2 2 NAME				
SYREET ADDRESS	2973 Carlsbad		2.3 STREET ADDRESS				
CITY ST ZIP	Oviedo, FL 32	765	2.4 CITY -ST-ZIP			Chann	Addition
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NAME			3.2 NAME *				
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NAME .			4.2 NAME				
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CITY ST ZIF		l per err	4 4 CITY - ST - ZIP			Change	Addition
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, .			5.2 NAME				
NAME							
NAME STREET ADORESS			5 3 STREET ADDRESS				
STREET ADDRESS			5 4 CITY - ST ZIP		a made	Chanca	Addition
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STREET ADDRESS		DELETE	6 1 TITLE 6 2 NAME	-03/19/9601	4 <b>845</b> 1024014	Shange	Addition
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14. I do hereby certify that the information supplied with this filling is voluntarily 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 logal effect as if made under eath, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/26 (407)366-7399