## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



## n

CORPORATION ANNUAL REPORT			DRIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  IVISION OF CORPORATIONS			Secretar			
DOCUN 1. Corporation K. R. Khu	MENT # L8489 Ida, Inc.	55							
Principal Place	of Business	Mading Address							
l									
	aya Trail, Suite 121	2959 Alafaya Trail, Suite 121			21	DO NOT WRITE IN THIS SPACE			
Oviedo, F	L 32765	Oviedo, FL 32765				3. Date Incorporated or Qualified			
						6/29/90			1
_	ace of Business	<b>⊢</b>	2a. Mailing Address			4. FEI Number 59-3017702		pplied For ot Applicable	-
Suite, Apl. #	f, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	1
22		27				5. Certificate of Status Desired	•	equired	
City & State		City & State				6. Election Campaign Financing		May Be	]
23	Country	28 Z <sub>ID</sub>	Cour	ntry		Trust Fund Contribution		to Fees	-
Zip	25	29	30	iti y		<ol> <li>This corporation owes or has paid the of Personal Property Tax due June 30.</li> </ol>		tangible D No	}
241	9. Name and Address of Curren		1			10. Name and Address of New Registere			1
,				81 Name	;				1
Wald A Downsonder D A				82 Street Address (P.O. Box Number is Not Acceptable)				1	
Karl A. Burgunder, P.A.				83				· · · · · · · · · · · · · · · · · · ·	-
	Broadway, Suite 4			63					
Oviedo, F	L 32765		ſ	64 City		F	<b>85</b> Zip	Code	1
11Pursuant to	the provisions of Sections 607,050	2 and 607.1508. Florida Statute	es, the ab	ove-name	d corpo	ration submits this statement for the purpose	of changing i	ts registered	┨
office or re	gistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was a	authorized	by the co	rporalio	n's board of directors. I hereby accept the ap	pointment as	registered	
SIGNATURE _	i ignimita, man, and accept the resign	mong on Budden Compagnition	orred Otata						1
	ilgnature, typed or proted han e of registered agr			Agert signatu	re required	when reinstating) DATE	IS DISCOVA	20 0140	16
12.	OFFICERS AND	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	1 2
NAME	P	- Starte		1.2 NAME		,			1
STREET ADDRESS	Khuda, Khaled			1.3 STREET ADDRESS					8
CITY-ST-ZIP	Oviedo, FL 32765	2250 Westbourne Dr.		14 CITY-ST-ZIP					١
TITLE	V	1 1 001614		2 1 TITLE			☐ Change	Addition	٦
NAME	Khuda, Nawshaba		2.2 NA	2.2 NAME					
STREET ADDRESS	2250 Westbourne Dr.		2.3 STF	REET ADDRESS	1				
CITY-ST-ZIF	Oviedo, FL 32765			ry-ST-ZIP	+		☐ Change	Addition	1
TITLE NAME		Ditta	3.1 TITI 3.2 NAI				La change	L.J AUGISION	
STREET ADDRESS				REET ADDRESS	1				
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		■ DELETE	4.1 THT	LE			Change	☐ Addition	
NAME			4 2 NA	ME					ľ
STREET ADDRESS			1	EET ADDRESS	}				1
City-S1-ZIP		DOUTE	4.4 CIT		<del> </del>	Change		Addition	ł
TITLE		☐ DELETE	5.1 TITE 5.2 NAM				□ Change	MODIDON	
NAME STREET ADDRESS				VIC IFET ADORESS			25	_	
CITY-ST-ZIP				Y-\$1- <i>21</i> ₽			3.	13	
TITLE	<del></del>	☐ DELETE	61 THT		1	200002456	Chapge	Addition	1
NAME			6.2 NAN	ME		3000024561 -03/13/9801057	-019		
STREET ADDRESS			6.3 STR	(E) ADDRESS	1	***150.00			ł

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 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 address.

SIGNATURE:

Khaled Khuda

(407) 366-7399