

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:38

DOCUMENT # **L88778 (0)**  
1. Corporation Name  
**TAHA'S TRADING COMPANY OF PENSACOLA INC.**

Principal Place of Business <b>2261 WEST NINE MILE ROAD PENSACOLA FL 32534</b>	Mailing Address <b>1255 W 9 MILE RD PENSACOLA FL 32534 US</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/07/1990</b>	3a. Date of Last Report <b>04/01/1994</b>
4. FEI Number <b>59-3028502</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1257 W 9 MILE Rd</b>	2a. Mailing Address 26 <b>1257 W 9 MILE Rd</b>
22 Suite, Apt. #, etc. <b>PENSACOLA</b>	27 Suite, Apt. #, etc.
23 City & State <b>PENSACOLA, FL</b>	28 City & State <b>PENSACOLA, FL</b>
24 Zip <b>32534</b>	25 Country <b>U.S.A.</b>
29 Zip <b>32534</b>	30 Country

9. Name and Address of Current Registered Agent  
**TAHA, AMER  
2261 WEST NINE MILE ROAD  
PENSACOLA FL 32534**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>1257 W 9 MILE Rd</b>
B3	
B4 City	<b>PENSACOLA FL</b>
B5 Zip Code	<b>32534</b>

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, typed or printed name of registered agent and the filer (applicant)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAHA, AMER</b>	1.2 NAME	
STREET ADDRESS	<b>3272 COPPER RIDGE CIR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CANTONMENT FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAHA, MARWAN</b>	2.2 NAME	
STREET ADDRESS	<b>800 W. 9 1/2 MILE RD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Am M. Taha* **AMER M. TAHA** 5/24/95 904-474-1770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Expires)