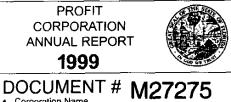
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90003 044 ***150.00

1. Corporation Name	
THACY CORPORATION	
N. Committee of the com	JERROOK KO HOLK HOOR HOLK HOLK HOLK HOLK HOLK HOLK HOLK HOLK
	ישר ובתום בותבת ובתוח בנתוח וותבים ובחות זוכה וחתתו וותוך תבחתו בנתוח עוד וותחותהו ב

IIIACI	CONFORMION				1 4 8 3 4 8 4 1 3 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1
*.					
Principal Place of Business Mailing Address				1 (95(85)) 115 11511 15010 11511 15421 5111 51511 11511 11511 11511	
% THAKOORDIN, MOHABEER % THAKOORDIN, MOHABEER					
10351 SW 113TH ST. 10351 SW 113TH ST.				DO NOT WOTE IN THE SPACE	
MIAMI FL 33176 MIAMI FL 33176				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
		4			02/11/1986
a Debester D	I f Ducinosa	A- Mailing Address			4. FEI Number Applied For
Principal Place of Business 2a. Mailing Address				NOT APPLICABLE Not Applicable	
21 26 Suite Apt. #, etc.				\$8.75 Additional	
<u>⊢</u> ¬				5. Certificate of Status Desired Fee Required	
22 27 City & State City & State				6. Election Campaign Financing S5.00 May Be	
<u> </u>				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax. Yes No
24	g. Name and Address of Curren				10. Name and Address of New Registered Agent
	3		81	Name	
МОН	iabeer, Thakoordin			01	Land (D.O. Flav M. Landson in Next Accountable)
1035	51 SW 113TH ST.		82	Street Add	dress (P.O. Box Number is Not Acceptable)
MIAN	/II FL 33176		83		
			84	City	FL 85 Zip Code
44 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above	e-named con	poration submits this statement for the purpose of changing its registered
l office or r	enistered agent or both in the State	of Florida, Such change was auth	horized hv	the corporati	tion's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the obliga	tions of, Section 607.0505, Fiorid	ia Statutes	i.	
SIGNATURE	Signature, typed or printed name of registered ager	of and title if applicable (NOTE: R	egistered Adei	nt signature requir	red when reinstating) DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	MOHABEER, THAKOORDIN		1.2 NAME		
STREET ADDRESS	10351 SW 113TH ST.		1.3 STREE	TADDRESS	•
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOHABEER, CYNTHIA		2.2 NAME		
STREET ADDRESS	10351 SW 113TH ST.		2.3 STREE	TADDRESS	
1	MIAMI FL		2. 4 CITY-5		
CITY-ST-ZIP	MINAMI I E	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		·
STREET ADDRESS				T ADDRESS	
			3.4. GITY-5	-	·
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	7. 5.	☐ Change ☐ Addition
		<u>—</u>	4. 2 NAME	Ì	
NAME STREET ADDRESS				TADDRESS	
ļ			4.4 CITY-S		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	11-211	☐ Change ☐ Addition
}			5.2 NAME		
NAME OTREST ADDRESS			1	TADDRESS	
STREET ADDRESS			54 CITY-S		
CITY-\$T-ZIP		☐ DELETE	6.1 TITLE	+	☐ Change ☐ Addition
TITLE		ال المداد	6.2 NAME		
NAME			1	TADDRESS	والمتعار ويستام محتييا والأراد والمتعارب والمت
STREET ADDRESS	1		The Contract		

6.4 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 it 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG