PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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

FILED May 01 1997 8:00am Secretary of State

| DOCUMENT # 1. Corporation Name | P92000012402 | (3) |
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| | I & ASSOCIATES, INC. | Mailing Address 5401 KIRKMAN RD STE 725 ORLANDO FL 32819-791 | | | |) | |
|--|--|---|--|---|---|--|--------------------------------|
| US | 32010 | US | • | | 3. Date Incorporated or Qualified | 3a. Date of Last | Report |
| 2. Principal F | Place of Business | 2a. Mailing Address | | _ | 12/17/1992 4. FEI Number | <u> 05/02/1996</u> | pplied For |
| 21 | | 26 | | | 59-3160039 | } | lot Applicable |
| Suite Apt. | . #. etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | , | Additional |
| 22 | | 27 | | ······································ | | Fee F | lequired |
| City & Stat | te | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | May Be |
| Zip | Country | 28 | Cour | ntrv | This corporation has liability for | | to Fees |
| 24 | 25 | 29 | 30 | 2 | Florida Statutes | Yes No | ă. 199.USZ, |
| | 9. Name and Address of Cur- | ~ | | | 10. Name and Address of New R | egistered Agent | |
| KH/ | ATIB, RASHID A. | | [| 81 Name | | | |
| | 1 KIRKMAN RD | | 1 | 82 Street Add | fress (P.O. Box Number is Not Accepta | ible) | |
| | 725 | | }. | | · · · · · · · · · · · · · · · · · · · | | |
| ORL | LANDO FL 32819 | | | 83 | | | |
| | | | ľ | 84 City | | FL 85 Zip | Code |
| 11. Pursuant office or agent 1 a | to the provisions of Sections 607.0 registered agent, or both, in the St am familiar with, and accept the ob | 1502 and 607, 1508, Florida Statate of Florida, Such change was ligations of, Section 607,0505, I | utes, the ab s authorized Florida Stati | ove-named cor if by the corpora utes. | poration submits this statement for the ation's board of directors. I hereby acce | purpose of changing apt the appointment a | its registered s registered |
| | Signature, typed or printed name of registered | | | Agent signature requ | ired when reinstating) | DATE | CC IV. 40 |
| 12. III.E | D | AND DIRECTORS DELETE | 13. 11 TH | IF T | ADDITIONS/CHANGES TO OFF | Change | Addition |
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| CITY-ST-ZIP | | 5 | | 1 | | | |
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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