## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name P93000027947 (9)

**FILED** Jul 29 1997 8:00am Secretary of State

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Principal Plac		şs	Mailing A	ddress				""""	(# 1868 BILL) #811 #811	EGIN <b>SANS</b> ())	D14 48 818 18141 <b>8</b> 1	041   <b>6 0</b> f   <b>6 0</b> 1
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US	14004		US	FL 93903				3. Date Incorr	porated or Qualifie		Date of Last F	Report
								04/08/19			5/01/19 <b>9</b> 6	
2. Principal P	lace of Busi	ness	2a. Mailin	g Address_				4. FEI Numbe		<u> </u>		pplied For
21 SAWE			26					65-0412207   Not Applicable				
Sulte, Apt.	#, etc.	۸.	Suite,	Apt. #, etc. Ac	<del></del>							Additional
22		AS	27		<b>,</b>			<b>5.</b> Certificate	of Status Desired			equired
City & State  Above			·	City & State A Bove				6. Election Ca	mpaign Financing		\$5.00	May Be
23		,	28	مر بدا				Trust Fund	Contribution			to Fees
Zip		Country	Zip		Cour	ntry			ation owes or has			
24	O Name	25 and Address of Curre	29		30				operty Tax due Ju			_  No
DA.			ent Deglatered A	Agur	···	81	Name	TU. Name and	Address of New	registered	Agent	
	SS, DONA						INGINE					
	10 GOLDEN ITE 315	N GATE PKWY			رعب	82	Street Addre	ess (P.O. Box Nur	nber is Not Accep	table)		
	PLES FL 3	2040		C.S		83						
INAI	rico fi 3	3942				63						
					-	84 (	City			<del></del>	<b>85</b> Zip	Code
11. Pursuant	to the provis	sions of Sections 607 OF	502 and 607 1508	R Florida Statuta	s the ah		named corns	aration submits th	is statement for the	FL	e l	to veniatore d
office or r	registered ag	sions of Sections 607.05 gent, or both, in the Sta lth, and accept the obli	te of Florida. Suc	h change was a	uthorized	d by th	he corporation	on's board of dire	ctors. I hereby act	ept the ap	pointment as	registered
	am iamiliar w	ritri, and accept the obli	igations of, Section	on 607.0505, Fio	rida Statu	ules.						
SIGNATURE	Signature, typed	d or printed name of registered a	gent and litte if applicat	ble (NOTE	flooistered	Agents	s gnalure require	d when reinstating)		DATE		
12.		OFFICERS A	NO DIDECTORS			•						
		OF FIGURES A	ND DIRECTORS		13.				CHANGES TO OF		D DIRECTOR	RS IN 12
TALE	D		ND DIRECTORS	DELETE	13.	LE			CHANGES TO OF		D DIRECTOR	RS IN 12
TITLE NAME	KIRRAN	E, OLIVER	ND DIRECTORS	DELETE					CHANGES TO OF			
	KIRRAN 3650 SA	E, OLIVER AWGRASS COURT		DELEFE	1.1 T/TI 1.2 NA/		DORESS		CHANGES TO OF			
NAME	KIRRAN 3650 SA BONITA	E, OLIVER		DELETE	1.1 TITI 1.2 NAI 1.3 STE	ME			CHANGES TO OF			
NAME STREET ADDRESS	KIRRANI 3650 SA BONITA	E, OLIVER NWGRASS COURT SPRINGS FL 33923		☐ DELETE	1.1 TITI 1.2 NAI 1.3 STE	ME REET AD IY-ST-2			CHANGES TO OF			
NAME STREET ADDRESS CITY-ST-ZIP	KIRRANI 3650 SA BONITA D DUKAT,	E, OLIVER NWGRASS COURT SPRINGS FL 33923 CAMILLE			1.1 T/T/ 1.2 NA/ 1.3 STF 1.4 C/T	ME REET AD IY-ST-2 LE			CHANGES TO OFI		Change	Addition
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I do needly deathy that the information supplied with this filling does not quality for the exemption stated in section (19.07), 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 13 if the right provides an attackment with an address.