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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State
DIVIS:ON OF CORPORATIONS

1996

DOCUMENT # P93000038090 (5)

1. Corporation Name

GO.	JO.	FNT	FRPR	ISFS.	INC.

Principal Place of Business Mailing Address

2680 5TH AVENUE SOUTH 2680 5TH AVENUE SOUTH
ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712



st. Petersbi	JRG FL 33712	ST. PETERSBURG FL 3	13712					
					 Date Incorporated or Qualified 05/24/1993 	3a. Date 05	of Last /25/1	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		L	Applied For
21		26			59-3214004			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired			75 Additional e Required
City & State		Oity & State			Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
Zφ	Country	Zip	Countr	У	8. This corporation has liability for i		k under	s 199.032,
24	25	29	30			□ No		
	g. Name and Address of Current	Registered Agent			10. Name and Address of New R	tegistered #	lgent	
			8	Name				
	H, MOHAMMAD A		8:	Street Add	ress (P.O. Box Number is Not Acceptab	ile)		
2680 5TH AVENUE SOUTH ST. PETERSBURG FL 33712			8:	3			· · · · · · · · · · · · · · · · · · ·	
			8-	City			85	Zip Code
				1	ration submits this statement for the pur		_1,_1_	
SIGNATURE	n, and accept the obligations of, Sections of sections are typed or protections of sections are of the sec			ini sugaritasi nenime	al when renesating	. DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	DS	☐ DELETE	1 1 TITLE] Chang	e 🔲 Addition
NAME	HASAN, FIAOZ		1.2 NAM					
STREET ADDRESS	2680 5TH AVENUE SOUTH		13 STRE	ET ADDRESS				
CITY - ST - ZIP	ST. PETERSBURG FL 33712	to a large of the same and the same of the	14 C-TY					
TITLE	DP	☐ DELETE	2 1 TiTL:			Ĺ.] Chang	e 🔲 Addition
NAME	Dasougi, mohammad a 2680 5th avenue south		2 2 NAM-					
STREET ADDRESS	ST. PETERSBURG FL 33712			ET ADDRESS				
CITY - ST - ZIP	SI. PETENSBUNG PL 33/12	DELETE	2 4 CITY				7 Chang	e Addition
TITLE NAME		C) perrie	3 1 TiTL 3 2 NAM			L.	J Chang	e El voninou
STREET ADORESS				E! ADDRESS				
CITY-ST-ZIP			3 3 5 MI 3 4 CITY					
THILE		DELETE	4 1 1111			Г] Chang	je 🗍 Addition
NAME			4.2 NAM	:		_	_ •	_
STREET ADDRESS			4.3 STRE	ET ADORESS				
CITY-ST-ZIP			4.4 City					
TOTLE		☐ DELETE	5 1 TITL	-			Chang	ge 🔲 Addition
NAME			5.2 NAM	.				
STREET ADDRESS			5 3 STRE	ET ADDRESS				
CITY - \$1 - ZIP			5 4 CITY	-ST-7IP				
TITLE		DELETE	€ 1711L	F			Chang	ge 🔲 Addition
NAME			6.2 NAM	:				
STREET ADDRESS			6 3 STRE	E1 AODRESS				
CITY - ST - ZIP			6.4 CiTY	SI-7'P				

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 119.07(3)(k), 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 logal 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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96 (213) 322-14/78