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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 JAN 19 AM 11:14

DOCUMENT # P93000049676 (8)

1. Corporation Name
THE SHUBAILY CORPORATION

Principal Place of Business	Mailing Address
8720 BECKINGHAM PLACE ORLANDO FL 32836	PO BOX 691268 ORLANDO FL 32869-1268 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1993
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business	2a. Mailing Address
21 7600 SOUTHLAND Blvd.	26 7600 SOUTHLAND Blvd.
22 Suite, Apt. #, etc. SUITE 101	27 Suite, Apt. #, etc. SUITE 101
23 City & State ORLANDO, FL	28 City & State ORLANDO, FL
24 Zip 32809 25 Country USA	29 Zip 32809 30 Country USA

4. FEI Number: 59-3192862 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHUBAILY, SAMIR A 8720 BECKINGHAM PLACE ORLANDO FL 32836	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 title if applicable) (NOTE: Registered Agent signature required when mailed/sent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D/P	☑ Change ☐ Addition
NAME	SHUBAILY, SAMIR A	12 NAME	SAMIR A. SHUBAILY	
STREET ADDRESS	8720 BECKINGHAM PLACE	13 STREET ADDRESS	8720 BECKINGHAM PL.	
CITY-ST-ZIP	ORLANDO FL 32836	14 CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE		21 TITLE	D/V	☐ Change ☑ Addition
NAME		22 NAME	MARYANN M. SHUBAILY	
STREET ADDRESS		23 STREET ADDRESS	8720 BECKINGHAM PL.	
CITY-ST-ZIP		24 CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this report is voluntarily furnished and 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 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 if changed, or on an attachment with an address.

SIGNATURE: Shubaily SAMIR A. SHUBAILY 1-11-95 (407) 438-2333
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone Number

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