

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000062558 (0)**

1. Corporation Name

ON TIME FASHIONS, INC.



Principal Place of Business

Mailing Address

**2701 SW COLLEGE ROAD
SUITE 501
OCALA FL 34474**

**2701 SW COLLEGE ROAD
SUITE 501
OCALA FL 34474**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**SAAD, NABIL J
2701 SW COLLEGE ROAD
SUITE 501
OCALA FL 34474**

3. Date Incorporated or Qualified

09/08/1993

3a. Date of Last Report

03/06/1995

4. FEI Number

59-3207320

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

10. Name and Address of New Registered Agent

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 of the corporation or its authorized officer or director

Signature of the Registered Agent or authorized officer or director

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SAAD, NABIL J	
STREET ADDRESS	1010 BROADWAY	
CITY, ST, ZIP	COLUMBUS CA 31901	
TITLE	SH	☐ DELETE
NAME	SAAD, GEORGE Y	
STREET ADDRESS	1010 BROADWAY	
CITY, ST, ZIP	COLUMBUS GA 31901	
TITLE	SH	☒ DELETE
NAME	ABDELNOUR, BASSOM	
STREET ADDRESS	2600 METARLNAD BLVD. E	
CITY, ST, ZIP	TUSCALOOSA AL 35405	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.	☐ Change ☐ Addition
1.2 NAME	NABIL J. SAAD	
1.3 STREET ADDRESS	3676 SE 53RD CT.	
1.4 CITY, ST, ZIP	OCALA, FL. 34471	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

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 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: **Nabil J. Saad** **NABIL J. SAAD** **1-16-96 (352) 237-7747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (12/95)