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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 12, 1999 8:00am

**Secretary of State** 

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02-12-1999 90024 001 \*\*\*150.00

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000071543

1. Corporation Name

MOGHALS INC

1								
Principal Pla	ace of Business	Mailing Address				-{	III BBIR I <b>ssi</b> r II <b>si</b> i Brii	
4936 E BUSCH BLVD. 4936 E BUSCH BLVD.						<u> </u>		
TAMPA FL 33617 TAMPA FL 33617								
						DO NOT WRITE IN	N THIS SPACE	· ·
						3. Date Incorporated or Qualifed		
2. Principal	Place of Business	2a. Mailing Address				10/07/1993 4: FEI Number	***	•
21		26				59-3207.192		oplied For
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.					\$8.75	ot Applicable
22		27				5. Certifcate of Status Desired		Additional equired
City & St	ate	City & State				6: Election Campaign Financing	\$5.00	<del></del>
23		28				Trust Fund Contribution	Added t	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current y	ear Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81 Nam		10. Name and Address of New Regis	tered Agent	
. IQE	BAL, SYED			81 Nam	е	1		_
	BÉ É BÜSCH BLVD.			82 Stree	t Addre	ss (P.O. Box Number is Not Acceptable)	· ·	<u>_</u>
TAMPA FL 33617				83		1		<del>4.71 1 31</del> -
				83				
				84 City			85 Zip C	Code
11 Pursuan	t to the provisions of Sections 607.050	)2 and 607 1508. Florida Statute	es the at	NOVA DOMA	d corbo	ration submits this statement for the purpo	<u> PL                                    </u>	
					poration	's board of directors. I hereby accept the	ose of changing its appointment as red	registered a
agem. r	annia with, and accept the obliga	itions of, Section 607.0505, Flor	rida Statu	tes.			,,	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered	Agent signature	roquired u	when reinstating) DA		
12,		ND DIRECTORS	13.	- signature	required v	ADDITIONS/CHANGES TO OFFICER	TE .	DC IN 12
TITLE	P	☐ DELETE	1.1 TIT	E	T		Change	Addition
NAME	IQBAL, SYED R.		1.2 NA	Æ				
STREET ADDRESS	18006 PALM BREEZE DR.							
CITY-ST-ZIP	TAMPA FL 33647		1.3 STF	EET ADDRESS	,		¥	
TITLE	1 174111 71 1 2 000 47			EET ADDRESS (-ST-ZIP	3		¥	
	174417777 2 00077	☐ DELETE		/-ST-ZIP	3		☐ Change	☐ Addition
NAME	174m7 17 E 333-77	☐ DELETE	1.4 CIT	(-ST-ZIP	3		☐ Change	☐ Addition
NAME STREET ADDRESS		☐ DELETE	1.4 CIT 2.1 TITI 2.2 NAJ	(-ST-ZIP			☐ Change	Addition
		☐ DELETE	1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STE	Y-ST-ZIP E ME EET ADDRESS			☐ Change	Addition
STREET ADDRESS		☐ DELETE	1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STE	(-ST-ZIP È IE EET ADORESS Y-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	
STREET ADDRESS			1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT	(-ST-ZIP E IE EET ADORESS Y-ST-ZIP E		1		Addition
STREET ADDRESS CITY-ST-ZIP TITLE	ELSYMO FERRENCE STO		1.4 CIT 2.1 TITI 2.2 NAF 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAA	(-ST-ZIP E IE EET ADORESS Y-ST-ZIP E		4	☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAA 3.3 STR	(-ST-ZIP E IE EET ADDRESS Y-ST-ZIP E		4	☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ELSYMO FERRENCE STO		1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAA 3.3 STR	/-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS V-ST-ZIP			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ELSYMO FERRENCE STO	☐ DELETE	1.4 CIT 2.1 TITI 2.2 NAP 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAA 3.3 STR 3.4. CIT	/-ST-ZIP E HE EET ADORESS Y-ST-ZIP E HE EET ADDRESS /-ST-ZIP E		4	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S. SVPO FB BOSTM (FITT) SA REPORT	☐ DELETE	1.4 CIT 2.1 TITI 2.2 NA/ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NA/ 3.3 STR 3.4 CIT 4.1 TITI 4.2 NA/ 4.2 NA/ 4.2 NA/ 4.2 NA/ 4.2 NA/ 4.4 CIT 4.2 NA/ 4.2 NA/ 4.4 CIT 4.4 CITI 4.2 NA/ 4.2 NA/ 4.4 CITI 4.2 NA/ 4.4 CITI 4.2 NA/ 4.4 CITI 4.2 NA/ 4.4 CITI 4.4 CITI 4.2 NA/ 4.4 CITI 4.4 CIT	/-ST-ZIP E HE EET ADORESS Y-ST-ZIP E HE EET ADDRESS /-ST-ZIP E		4	☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	C. SMP B BOSCH GOOD MA B. SOCO	☐ DELETE	1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 4.2 NAV 4.3 STR 4.4 CIT 5.1 TITI 5.2 NAV	(-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS -ST-ZIP			Change	Addition  Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	A. SVID FERMINGTON PARE POPE	☐ DELETE	1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 4.2 NAV 4.3 STR 4.4 CIT 5.1 TITI 5.2 NAW 5.3 STR 5.4 CITY 5.4	C-ST-ZIP  E EET ADDRESS Y-ST-ZIP E EET ADDRESS C-ST-ZIP E EET ADDRESS ST-ZIP E E EET ADDRESS ST-ZIP			Change	Addition  Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	A. SVID FERMINGTON PARE POPE	☐ DELETE	1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 4.2 NAV 4.3 STR 4.4 CIT 5.1 TITI 5.2 NAW 5.3 STR 5.4 CITY 5.4	C-ST-ZIP  E EET ADDRESS Y-ST-ZIP E EET ADDRESS C-ST-ZIP E EET ADDRESS ST-ZIP E EET ADDRESS ST-ZIP E EET ADDRESS ST-ZIP			☐ Change	Addition  Addition

14. I hereby certify that the information supplied with this filing 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 supplier ental 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 lecking of 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 attacomment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

987.9755