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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000078478 (3)

DOCUMENT #
1. Corporation Name AHMED, INC.



Principal Place of Business Mailing Address 1305 CRESTWOOD BLVD. 1305 CRESTWOOD BL			BLVD.				
LAKE WORTH FL 33460			LAKE WORTH FL 33460				
2 Principal D	lace of Business				3. Date Incorporated or Qualified 11/08/1993	3a. Date of La	
21 Principal P	iace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	# etc	26			65-0445545		Not Applicabl
City & State		Strite, Apt. #, etc.	27		5. Certificate of Status Desired		.75 Additional Fee Required
23 Zip	Country	28	······		6. Election Campaign Financing Trust Fund Contribution \$5.00 May B Added to Fees		dded to Fees
24	25	Ζ _I p 29]	30	intry	8. This corporation has liability for	intangible tax und	ers 199.032,
	9. Name and Address of Curr	rent Registered Agent	130	ſ <u> </u>	Florida Statutes Yes 10. Name and Address of New F	s 🗌 No	
				81 Name	To. Name and Address of New F	registered Agent	
AHMED,	SHIHAB]			
1305 CRESTWOOD BLVD.				82 Street Ad	ldress (P.O. Box Number is Not Acceptab	ole)	
LAKE W	ORTH FL 33460			83			
				04 04			
			i	84 City		FL 85	Zip Code
or register familiar wit	o the provisions of Sections 607.05 ed agent, or both, in the State of Fic h, and accept the obligations of Se	02 and 607.1508, Florida Statu orida. Such change was author oction 607.0505, Florida Statute	ites, the abo ized by the c es.	ve-named corp corporation's bo	oration submits this statement for the pur pard of directors. I hereby accept the appo		its registered officered agent. I am
SIGNATURE							
12.	Signature, typed or printed name of registered ag-		iO1E Registered	Agent signature requi	red when renstating)	DATE	
TITLE	D OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	ICERS AND DIREC	CTORS IN 12
NAME	_	DELETE	1.17[TLE		Chan	
	AHMED, SHIHAB 1305 CRESTWOOD BLVD.		1.2 NA	ME			
STREET ADDRESS	LAKE WORTH FL 33460		1.3 \$T	REET ADDRESS			
CITY-ST-ZIP TITLE	DAKE WOMIN PL 33460	En printe		Y-SI-ZIP			
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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 appears in Block 12 or Block 13 or changed, ogon an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISETOR

Description:

Descriptio