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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION C	OF CORPORATIONS			
DOCUN 1. Corporation	MENT # P930	00082658 (4)			
	FOP OFFICE, INC.					
,,,,,,,	10. 011102, 1110.			4 HAARAAA ARO UNUU AA	AL CONTRE BONE CONTRE CONTRE CONTRE BUSINESS CONTRE CONTRE	
Principal Place	of Business	Mailing Address				
1909 B ALOMA AVE		1909 B ALOMA AVE				
WENTER PA	RK FL 32765	WENTER PARK FL				
				3. Date Incorporated or Quali	1	
2. Principal Pla	aco of Rusinass	2a. Mailing Address		11/24/1993 4. FEI Number	07/06/1995	
21 A BOV	LE CI Brisiness	2a. Maning Address		59-3279339	Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	¢9.75 same-all	
22		27		5. Centrale of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financin	40.00	
Zip	Country	28]	Country	Trust Fund Contribution A This corporation has liability	Added to Fees r for intangible tax under s. 199,032,	
24	25	29	30		Yes No	
	g. Name and Address of Curre	ent Registered Agent		10, Name and Address of No	ew Registered Agent	
			B1 Nani	ie		
1016 VANNESSA DRIVE			82 Stree	et Address (P.O. Box Number is Not Acce	dress (P.O. Box Number is Not Acceptable)	
			83			
OVIEDO	7 FC 32703					
			84 City		FL 85 Zip Code	
11. Pursuant to	o the provisions of Sections 607.050	12 and 607.1508, Florida State	ites, the above named	corporation submits this statement for the board of directors. Thereby accept the	purpose of changing its registered office	
familiar witt	n, and accept the obligations of, Sec	ction 607.0505, Florida Statute	98.	is board or directors. Thereby ascept the	appointment as registered agent. I am	
SIGNATURE	Signature, Typed or printed name of registered age	ar a sanda adalah a	SPITE Begistered Adject signatur	eger system		
12.1		ND DIRECTORS	13.		OFFICERS AND DIRECTORS IN 12	
TITLE	PT	DELETE.	1.10008		Change Addition	
NAME	navtej s. Khalsa		1.2 NAME			
STREET ADDRESS	1909 B ALOMA AVE		1.3 STREET ADDRESS	s]		
CITY-ST-ZIP TITLE	WENTER PARK FL 32792		1.4 CHY-S1-ZiF 2.1 THE		Change Addition	
NAME		_	2 2 NAME		Ordings Accinest	
STREET ADDRESS			2.3 STREET ADDRESS	s		
CITY - ST - ZIP			2.4 CITY+ST_ZIP			
THILE		□ DELETE	3 1 TIT_E		Change 🔲 Addition	
NAME STREET ADDRESS			3.2 NAM(
CITY-ST-ZIP			3.3 STREET ADDRES 3.4 CHY+ST-ZIP	50		
TITLE		☐ DELETE	4 1 Tille		Change Addition	
NAME			4.2 NAME	700018 -05/22/960	333507	
STREET ADDRESS			4.3 STREET ADDRESS	s -05/22/960	01004038	
CITY - ST - ZIP TITLE		DELETE	4.4 CITY - \$1 - ZIP	***200.00		
NAME		[**] rareir	5 1 TITLE 52 NAME		Change 🔲 Addition	
STREET ADDRESS			5 3 STREET ADORES:	s		
CITY-ST-ZIP			54 CITY ST 7iP			
TITLE		☐ DELETE	6 1 TITLE		Chang Addition	
NAME			6.2 NAME		7/1/40	
STREET ADDRESS			63 STREET ADDRESS	5	\mathcal{O}	
14. Ldo hereby	certify that the information is product	with this films is voluntarily for	mished and closs not d	multiplier the eventure stated in Section	11G OZ/3VIA FIZIGIS STATISTA LEGISTRA	
certify that oath; that I appears in	the information indicated for this and am an officer or director of the out. Block 12 or Block /3/1 charged or	All report or supplemental ar pration or the receiver or trust on an attachment with an ad	inual report is true and lee empowered to exec dress	malify for the exemption stated in Section accurate and that my signature mal hay but this report as required by Chapter fill	the same legal effect as if made under 7, Florida Statutes; and that my name	

SIGNATURE:

TYPED OR PRINTED NAME OF SACHING OFFICER OR DIRECTOR

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