

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 MAR 21 PM 4:02**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P94000000347 (2)**

1. Corporation Name

**TAM REAL ESTATE FLORIDA, INC.**

Principal Place of Business

**%JAMES R. KAY, P.A.  
2000 PALM BEACH LAKES BLVD., #900/1002  
WEST PALM BEACH FL 33409**

Mailing Address

**%JAMES R. KAY, P.A.  
2000 PALM BEACH LAKES BLVD., #900/1002  
WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/22/1993</b>	3a. Date of Last Report <b>04/11/1994</b>
4. FEI Number <b>65-0455310</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	26	22	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>KAY, JAMES R 2000 PALM BEACH LAKES BLVD. SUITE #900-1002 WEST PALM BEACH FL 33409</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and Use if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>DVPT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AL-SAYED, EBRAHIM S</b>	1.2 NAME	<b>Al-Sayed, Ebrahim S</b>
STREET ADDRESS	<b>%2000 PALM BEACH LAKES BLVD., #900/1002</b>	1.3 STREET ADDRESS	<b>2000 Palm Bch Lakes Bv. Ste 1002</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	1.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33409</b>
TITLE	<b>X</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b><del>DHANANI, MEERAZ</del></b>	2.2 NAME	
STREET ADDRESS	<b><del>%2000 PALM BEACH LAKES BLVD., #900/1002</del></b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b><del>WEST PALM BEACH FL 33409</del></b>	2.4 CITY-ST-ZIP	
TITLE	<b>DPT</b>	3.1 TITLE	<b>DPS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASHWANI, HATIM</b>	3.2 NAME	<b>Hashwani, Hatim</b>
STREET ADDRESS	<b>%2000 PALM BEACH LAKES BLVD., #900/1002</b>	3.3 STREET ADDRESS	<b>2000 Palm Bch Lakes Bv. Ste 1002</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	3.4 CITY-ST-ZIP	<b>West Palm Bch, FL 33409</b>
TITLE	<b>V</b>	4.1 TITLE	<b>DVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, SUSAN I</b>	4.2 NAME	<b>Clark, Susan I.</b>
STREET ADDRESS	<b>C/O 2000 PALM BEACH LAKES BLVD. #900/1002</b>	4.3 STREET ADDRESS	<b>2000 Palm Beach Lakes Bv. Ste 1002</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	4.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33409</b>
TITLE		5.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Janaki, Esam</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>2000 Palm Bch Lakes Bv. Ste. 1002</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33409</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(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 in an attachment with an address.

SIGNATURE: Hatim Hashwani **HATIM HASHWANI, DIRECTOR** *2/15/95*