

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000003776 (9)

1. Corporation Name  
5002, INC.



Principal Place of Business  
5002 E. SLIGH AVENUE  
TAMPA FL 33637

Mailing Address  
5002 E. SLIGH AVENUE  
TAMPA FL 33637

3. Date Incorporated or Qualified 01/14/1994 3a. Date of Last Report 03/31/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-3216800

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FUENTES, LAWRENCE E  
1407 W. BUSCH BLVD.  
TAMPA FL 33612

81 Name YASIN SAAD  
82 Street Address (P.O. Box Number is Not Acceptable) 5002 E. Sligh  
83  
84 City TAMPA FL 85 Zip Code 33637

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 typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE D  
2. NAME SAAD, YASIN ☐ DELETE  
3. STREET ADDRESS 5124 E. CHILKOOT  
4. CITY - ST - ZIP TAMPA FL 33617

1. TITLE ☐ DELETE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

1. TITLE ☐ DELETE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

1. TITLE ☐ DELETE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

1. TITLE ☐ DELETE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

1. TITLE ☐ DELETE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

1. 1. TITLE ☒ Change ☐ Addition  
2. 2. NAME  
3. 3. STREET ADDRESS 6215 S. Queensway DR.  
4. 4. CITY - ST - ZIP Temple Terrace FL 33617 ☐ Change ☐ Addition

2. 2. NAME  
3. 3. STREET ADDRESS  
4. 4. CITY - ST - ZIP

3. 3. STREET ADDRESS  
4. 4. CITY - ST - ZIP ☐ Change ☐ Addition

4. 4. CITY - ST - ZIP ☐ Change ☐ Addition

5. 5. STREET ADDRESS  
6. 6. CITY - ST - ZIP ☐ Change ☐ Addition

6. 6. CITY - ST - ZIP ☐ Change ☐ Addition

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: @

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

Date

Daytime Phone #

CR2E034 (12/95)