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

PROFIT CORPORATION ANNUAL REPORT

1998

FT. LAUDERDALE FL 33312



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400006259 (3)

JADOC	ON & COMPANY, INC.						
Principal Place of Business Mailing Address				T LEBETERST IN A LELEN GERRY MOTIN ORDIN DEUTS BETTE ALLEN DEN BELLE BERTE SOLIT 1983			
1250 S.W. 27 FT. LAUDER(7TH AVE. DALE FL 33312	1250 S.W. 27T FT. LAUDERDA		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified 01/26/1994	<u></u>		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		26		65-0462410	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	ncing \$5.00 May Be Added to Fees		
Zıp	Country 25	Zip 29	Country 30	This corporation owes or has paid the operational Property Tax due June 30.	current year Intangible Yes 🗷 No		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	DOON, MOHAMMAD S 50 S.W. 27TH AVE		81 Nam	e			

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agent I a	m familiar with, and accept the obligations of, Section 607.	0505, Florida Statutes	i.	rectors. Thereby accept the app	Uniterit as	registered
SIGNATURE	Signature, typed or printed name of registered agent and title diapplicable	(NOTE: Registered Age	nt signature required when reinstating)	DATE		<u>-</u>
12.	OFFICERS AND DIRECTORS	13.	ADDITION:	S/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	PSD DE	LETE 1.1 TITLE			Change	Addition
NAME	JADOON, MOHAMMAD S	1.2 NAME				
STREET ADDRESS	1250 S.W. 27TH AVE.	1.3 STREET	ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL 33312	1.4 CITY-S	r-ZIP			
TITLE	VTD 🔀 DE	LETE 2.1 TITLE			Change	Addition
NAME	JADOON, KHAN AYAZ S	2.2 NAME				
STREET ADDRESS	1250 S.W. 27TH AVE.	2 3 STREET	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	2 4 CITY-S	i1 - ZIP	· •		
TITLE	☐ DE	LETE 3.1 TITLE			Change	Addition
NAME		3.2 NAME				
STREET ADORESS		3.3 STREET	ADDRESS			
CITY-ST-ZIP		3 4. CITY - S	T-ZIP			
TITLE	DE	LETE 4.1 TITLE			Change	Addition
NAME		4 2 NAME				
STREET ADDRESS		43 STREET	ADDRESS			
CITY - ST - ZIP		4.4 CITY-S	T- ZIP			
TITLE	☐ DE	LETE 5.1 TITLE			Change	Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET	ADDRESS			
CITY-ST-7IP		5.4 CITY-S	T- ZIP			
TITLE	□ DE	LETE 61 TITLE			Change	Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET	ADDRESS			
CITY-ST-ZIP		6.4 CiTY-S	T-7IP			

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 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 days attachment with an address

SIGNATURE:

FILED

Apr 17 1998 8:00am

Secretary of State

Zip Code