Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90095 049 ***150.00

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

PROFIT [™] CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P9400006797**

1. Corporation Name

THAROO	INTERNATIONAL, INC.				
Principal Place	e of Business	Mailing Address			
124 W PINE ST 124 W PINE ST SUITE 132 SUITE 132 ORLANDO FL 32801 ORLANDO FL 32801				DO NOT WRITE IN THIS SPACE	
us us				3. Date Incorporated or Qualifed	
				01/19/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied	For
21		26		59-3266128 Not App	licable
Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Require		
27					
			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee		
23		28	Country		-
Zip	Country	Zip		8. This corporation owes the current year Intangible	,
24	25		30	Personal Property Tax. LJYes LN: 10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent	
	0.00		81 Name		
A.G.C. CO. 200 S ORANGE AVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
#2300			83		
ORLANDO FL			63		
Ond	ANDOTE		84 City	FL 85 Zip Code	
		·		poration submits this statement for the purpose of changing its regis	torad
l office or r	registered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such change was aut gations of, Section 607.0505, Flori	tnorized by the corborat	ion's poard of directors. Thereby accept the appointment as register	ed
	Signature, typed or printed name of registered a	,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 12
12.		AND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	Addition
TITLE	P	Detele	1.1 TITLE		,
NAME	THAROO, ABDUL R		1.2 NAME		1
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		14 CITY-ST-ZIP	Change ▶	Addition
TITLE		☐ DELETE	2.1 TITLE	THAROO MUMTAZ A GOODING E 8108 St. ANDREWS CIRCLE	Audillori
NAME			2.2 NAME	PINE IT AM ATTUR CLAREST	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2,4 CITY-ST-ZIP	ORLANDO FL 32835	1 4 1 121
TITLE		☐ DELETE	3.1 TITLE 2	☐ Change ☐	Addition i
NAME			3.2 NAME	HAROO ABDULLAH A	1
STREET ADDRESS			3.3 STREET ADDRESS	PIOS ST. ANDREWS CIRCLE	1
CITY-ST-ZIP			3.4 CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		☐ DELETE	4.1 TITLE	Change [Addition
NAME			4.2 NAME	CLARAN A.	
STREET ADDRESS			4.3 STREET ADDRESS	HAROD ELHAAM A 8108 St. ANDREWS CIRCLE ORLANDO FL 32835	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	ORI ANDO EL 32835	
TITLE		☐ DELETE	5.1 TITLE	☐ Change] Addition
NAME	1		5.2 NAME		
			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	6.1 TITLE	☐ Change	Addition
TITLE			6.2 NAME		
NAME			1		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	I .		6.4 CITY-ST-ZIP	•	J

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR