

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1800-652-4150
G.I.N.R

DOCUMENT # P94000011622 (5)

Corporation Name

BOUNTY ENTERPRISES, INC.



1. Date Incorporated or Qualified 02/08/1994 2. Date of Last Report 05/23/1995

Principal Place of Business 1391 E SAMPLE RD.
POMPANO BEACH FL 33064
US

Mailing Address 1391 E SAMPLE RD.
POMPANO BEACH FL 33064
US

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

4. FEI Number 64-0467793 Applied For Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
☐ **\$5.00 May Be Added to Fees**
3. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Name and Address of Current Registered Agent
ALI, SADIQ A
1391 E SAMPLE ROAD
POMPANO BEACH FL 33064

81 Name
82 (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 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 title if applicable NOTE: Registered Agent signature required when reinstating

OFFICERS AND DIRECTORS				13.			
TITLE	PO	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALI, SADIQ A			1.2 NAME			
STREET ADDRESS	1391 E SAMPLE ROAD			1.3 STREET ADDRESS			
CITY-STATE-ZIP	POMPANO BEACH FL			1.4 CITY-STATE-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADIEH, EYAD Y			2.2 NAME			
STREET ADDRESS	1391 E SAMPLE RD.			2.3 STREET ADDRESS			
CITY-STATE-ZIP	POMPANO BEACH FL			2.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-STATE-ZIP				3.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-STATE-ZIP				4.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-STATE-ZIP				6.4 CITY-STATE-ZIP			

900001846019 ☐ Change ☐ Addition
-05/31/96--01048--002
***208.75 5/1/96

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: Sadiq A. Ali 4/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR