

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000029231 (5)**

1. Corporation Name
MOHAMMAD KHALID, P.A.



Principal Place of Business: **1690 US 1 S SUITE D ST AUGUSTINE FL 32085**
Mailing Address: **PO BOX 840009 ST AUGUSTINE FL 32084 US**

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

3. Date Incorporated or Qualified: **04/18/1994** 3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-3238317** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**KHALID, MOHAMMAD
1690 US 1 S
SUITE D
ST AUGUSTINE FL 32085**

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83 City; 84 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0522 and 607.1508, Florida Statutes, the above named corporation submits the 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP
1. PSD **KHALID, MOHAMMAD**
1690 US 1 S SUITE D
ST AUGUSTINE FL
2. **T** **KHALID, MARIAM**
1690 US 1 S. STE D
ST. AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1-11 TITLE, NAME, STREET ADDRESS, CITY-STATE-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(9)(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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 of the records of the Division of Corporations with an address.

SIGNATURE: **MOHAMMAD KHALID (PRESIDENT)** 3-26-96 - (904) - 824-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)