


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

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1997 JUL 18 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT</b> <del>1996</del> 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000029231 (5)</b> 1. Corporation Name MOHAMMAD KHALID, P.A.			
Principal Place of Business 1690 US 1 S Suite D St. Augustine, FL 32095		Mailing Address P.O. Box 840009 St. Augustine, FL 32084 U.S.	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
<b>3. Date Incorporated or Qualified</b> 04/18/1994		<b>3a. Date of Last Report</b> 00/00/96	
<b>4. FEI Number</b> 59-3238317		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Election Campaign Financing Trust Fund Contribution</b>		<input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>8. This corporation has liability for intangible tax under s 199.032, Florida Statutes</b>			
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> KHALID, MOHAMMAD 1690 US 1 S SUITE D ST. AUGUSTINE, FL 32085		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
<b>11. Pursuant to the provisions of Sections 807.0502 and 807.1509, 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 807.0505, Florida Statutes.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD KHALID, MOHAMMAD 1690 US 1 S SUITE D ST. AUGUSTINE, FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	KHALID, MARIAM 1690 US 1 S SUITE D ST. AUGUSTINE, FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.</b>			
<b>SIGNATURE:</b> 		Mohamed Khalid MS 7-10-97 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			