Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90293 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400041660

1. Corporation Name

A TO Z INTERNATIONAL SERVICES, INC.

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Principal Place of Business		Mailing Address								
10619 W ATLANTIC BLVD CORAL SPRINGS FL 33071		10619 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071			- (
US		US			DO NOT WRITE IN THIS SPACE					
						Ψ,	ncorporated or Quali	fed		
							3 <u>/19</u> 94			
2. Principal Pl	lace of Business	2a. Mailing Address				4, FEI No				plied For
21		26				65-08	<u>504860</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5. Certifo	ate of Status Desired	d 🗆	\$8.75 A Fee Re	
City & S trate		City & State								
City & State		City & State			1 '	n Campaign Financi	ng 📋	\$5.00 Added t		
Zip	Country	Zip		ountry			propration owes the	current vear		
24	25	29	30	,		1	nal Property Tax.	carrent year	X Yes	JNo
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				81	Name					
SHA	H, SHOBHANA K			82	Street A	(Idress (P.O. Bo)	Number is Not Acc	entable)		-
1808 NW 83 DRIVE				62 Street Add		(Idress (F.O. Do)	140111001 10 1100 1100	Сравою		
COR	AL SPRINGS FL 33071			83						
				84	City				. 85 Zip (Code
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11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	and 607.1508, Florida S	Statutes, the	above	e-named c	orporation submi	s this statement for	the purpose	of changing its	registered gistered
omice or r	egistered agent, or boln, in the Stati	e ci Fiorida. Such change y	vas authoriz	eu vy i	uie corpoi	ation 5 board or c	inectors, inereby ac	ccept the ap	Continent as re	gistorea
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14. Thereby 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 ooth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as recuired 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR