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

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS					4S					
DOCUN 1. Corporation	MENT # P940									
	MAN OF PALM BEACH () in disposition for the profession of the state of the s	 	<u> </u>	<u> </u>					
										
Principal Place of Business Mailing Address										
1798 KEENLAND CIRCLE 1798 KEENLAND CIRC WEST PALM BEACH FL 33415 WEST PALM BEACH F										
WEGI FALM	penditte will		-			3. Date Incorporated or Qualified 06/15/1994		ite of Last Rep 04/27/1995	<u> </u>	
	ace of Business	2a. Mailing Address	he way			4. FEI Number 65-0502215		<u> </u>	oplied For ot Applicable	-
Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired	
City & State	9	City & State	City & State			Election Campaign Financing Trust Fund Contribution		+	May Be to Fees	
Zip 24	Country 25	Zıp	Zip Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
Z4]	9. Name and Address of Cu					10. Name and Address of New F	legistere	d Agent		-
MALLA DA LA A				81	Name	CO D. Nambaria Not Assessed	viol			-
KHAN, RAJA A 1798 KEENLAND CIRCLE WEST PALM BEACH FL 33415				82	Street Add	kiress (P.O. Box Number is Not Acceptable)				
				83						
				84	City		F		Code	
			s, the abo	ove-n corpo	arned corpo oration's bo	oration submits this statement for the pu ard of directors. I hereby accept the app		shaqqing ito re	gistered office agent. I am	3
familiar w	ith, and accept the obligations of,	Section 607.0505, Florida Statutes.								
SIGNATURE.	Signature, typeo or printed name of registered	o og ma o na con o o o o o o o o o o o o o o o o o o		d Agen	t signature requi	red when reinstating) ADDITIONS/CHANGES TO OF I	DATE		3S IN 12	-(36
12.	OFFICER	S AND DIRECTORS	13.	INTLE	T	ADDITIONS/CHANGES TO OF	IULHS A	Change	Addition	12
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NAME STREET ADDRESS					ADDRESS					CR2E034 (12/95)
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NAME				2.2 NAME 2.3 STREET ADDRESS						
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TITLE		☐ DELETE	6	TITLE	1			Change	☐ Addition	Ì
NAME	1		6.2	NAME						-

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 in 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 d changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-S1-ZIP

SIGNATURE:

STREE1 ADDRESS