Applied For

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000054663

Country

9. Name and Address of Current Registered Agent

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Zip

S A F INVESTMENT # 786, INC.							
Principal Place of Business	Mailing Address						
1760 S. MILITARY TR. WEST PALM BEACH FL 33406 US	1701 SW 12TH AVE. BOCA RATON FL 33486						
Principal Place of Business 21	2a. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State	City & State						

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65-0523980 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent

May 03, 1999 8:00 am Secretary of State

05-03-1999 90021 024 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/22/1994 4. FEI Number

JAFERI, ALI M 1701 SW 12TH AVE		٠.	
	1701 SW 12TH AVE	82	Street Address (P.O. Box Number is Not Acceptable)
	BOCA RATON FL 33486	83	
		84	City FL 85 Zip Code
	1 COT OFFICE ALCOHOLD THE COTATION TO THE ALCOHOLD ALCOHO		and a provide submits this statement for the surpose of changing its registers

Country

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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 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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicab	le (NOTE: Re	egistered Agent signature requi	ired when reinstating)	_	DATE		
12. OFFICERS AND DIRECTORS						OFFICERS AND DIRECTORS IN 12		
TITLE	ρ	☐ DELETE	1.1 TITLE	*			Change	Addition
NAME	JAFERI, ALI M		1.2 NAME		•			
STREET ADDRESS	1701 SW 12TH AVE.		1.3 STREET ADDRESS					j
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP			Ÿ		
TITLE	VPS	☐ DELETE	2.1 TITLE				Change	Addition
NAME	SHAHID, BARRY		2.2 NAME					1
STREET ADDRESS	1701 SW 12TH AVE.		2.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33486		2.4 CITY-ST-ZIP					
TITLE	1	☐ DELETE	3.1 TITLE .	, <del></del>			Change	Addition
NAME	GUTTA, FRANK		3.2 NAME					i
STREET ADDRESS	1701 SW 12TH AVE.		3.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33486		3.4, CITY-ST-ZIP					
TITLE		DELETE .	4.1 TITLE	<del></del> -			☐ Change	Addition
NAME			4. 2 NAME		•			
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP	•	,	4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME .			5.2 NAME		•	•		
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-\$T-ZIP					!
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME		,	6.2 NAME					 
STREET ADDRESS			6.3 STREET ADDRESS					ı
CITY-ST-72P	•		6.4 CITY-ST-ZIP					

I hereby 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 suppliemental 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, with all other like empowered.