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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400060654 (8)

312 N. FEDERAL HIGHWAY, INC.

Principal Place of Business	Mailing Address I.		
312 N. FEDERAL HWY. HALLANDALE FL 33009	312 N. FEDERAL HWY, HALLANDALE FL 33009		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
			08/15/1994
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		65-0512407 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
Zip Country 25	Zip Coun 30	itry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Yes No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SIDDIQUI, NAFEES 312 N. FEDERAL HWY.	- [B1 Name	
HALLANDALE FL 33009	[8	B2 Street Addres	ss (P.O. Box Number is Not Acceptable)
	ί <mark>Έ</mark>	33	
	·	34 City	FL 85 Zip Code
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 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 607.0505, Florida Statutes.			

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1,1 TITLE Change ___ Addition SIDDIQUI, NAFEES NAME 1.2 NAME 312 N. FEDERAL HWY. STREET ADDRESS 1.3 STREET ADDRESS HALLANDALE FL 33009 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2, 4 CITY-ST-ZIP DELETE TITLE Change __ Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE Change Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP Change TITLE DELETE ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5,4 CITY-ST-ZIP ___ DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

THE REDAMER & ADION 1-8-98 454) 455-8555

CR2E034 (10/97)

FILED

Jan 20 1998 8:00am

Secretary of State