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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90182 044 ***150.00

DOCU	ME	VT # P940000	61498							
1. Corporation	rnanie	7								
OHIENTA	IL KŲ	JG DESIGN, INC.					1 (#910##1 (18 18)1) B18(1 88)11 8	anti 88111 88118 8		0 (0)A((0)) (00)
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Principal Place	of Bu	siness	Mailing Address							
999 DOUGLAS	AVE.		999 DOUGLAS AVE.							
SUITE 2229 ALTAMONTE SP	DIMEG	El 20714	SUITE 2229 ALTAMONTE SPRINGS FL 32	714			DO NOT WR	ITE IN THIS	SPACE	
ACIAMONIE OF	Mileda	I to della	REINMONIE OF WINDO TE DE				3. Date incorporated or Qualifed	ī .		
							08/17/1994			
2. Principal Pl	ace of	Business	2a. Mailing Address				4. FEI Number	_	. A	pplied For
21			26				59-3266655		N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				, i		\$8.75	Additional
22	. i ·		27				5. Certifcate of Status Desired		Fee F	equired
City & State	6		City & State				6. Election Campaign Financing		\$5.00	May Be
23			28				- Trust Fund Contribution			to Fees
Zip		Country	Zip	Countr	у		8. This corporation owes the cur	rent year Inta	ngible	7
24		25	29	0			Personal Property Tax.	•	Yes	(IENo
	9. 1	Name and Address of Current	Registered Agent				10. Name and Address of New	Registered A	gent	
				8	1 Nam	e				
		A, NASSER		8:	2 Street	at Addres	ss (P.O. Box Number is Not Accept	table)		
999 DOUGLAS AVE.			"	- 0000	st Addie.	05 (1 :0: Box (40))501 15 (10) (100)				
SUITE 2229			8:	3						
ALTA	MON	TE SPRINGS FL 32714		L	1 211			_	last Zin	Code
		•		8	4 City			FL	85) Zip	Code
11. Pursuant 1	to the i	provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abo	ve-name	ed corpor	ration submits this statement for the o's board of directors. I hereby acce		hanging it	s registered
office or re	egister	ed agent, or both, in the State of liar with, and accept the obligation	Florida, Such change was aut	horized b	y the co	rporation	s's board of directors. I hereby acce	pt the appoin	tment as r	egistered
agent. rai	m rami	iiar with and accept the obligation								
		,	its of, occupition, cooo, i lone							
SIGNATURE	Signature	4				re required v	when reinstating)	DATE		
SIGNATURE	Signature	e, typed or printed name of registered agent a	and title if applicable. (NOTE: R			re required v	when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECT	
	Signature	e, typed or printed name of registered agent	and title if applicable. (NOTE: R	tegistered Ag	ent s∗gnatu	re required \		DATE	D DIRECT	
12.	P	e, typed or printed name of registered agent a	and title if applicable. (NOTE: R	tegistered Ag	ent signatu	re required v		DATE		ORS IN 12
12. TITLE NAME	P JAF#	e, typed or printed name of registered agent a OFFICERS AND ARIARIA, NASSER	and title if applicable. (NOTE: R	13. 1.1 TITLE	ent signatu			DATE		ORS IN 12
12 TITLE NAME STREET ADDRESS	P JAFA 417	o, typed or printed name of registered agent a OFFICERS AND ARIARIA, NASSER SUN LAKE CIRCLE #115	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent signatui			DATE		ORS IN 12
12 TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAFA 417 LAKI	e, typed or printed name of registered agent a OFFICERS AND ARIARIA, NASSER	and title if applicable. (NOTE: R	13. 1.1 TITLE	ent signatur : ET ADORES ST-ZIP			DATE		ORS IN 12
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS