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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400062874 (0

Suit. April 4, etc. Suit. April 4, etc.	Truncipal Place of Business 7440 S.E. MARICAMP ROAD OCALA FL 34472 3101 SW 98 ST ROAD OCALA FL 34472 3. Date Incorporated or Qualified 08/25/1994 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 4. FEI Number 59-3263678 Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. City & State 2d. City & State 2d. City & State 2d. Country 2d. Zip Country 2d. Country 2d. Suite, Apt. #, etc. 2e. Mailing Address 4. FEI Number 59-3263678 Not Applied Fo Fee Required Fee Required Fee Required 5. Certificate of Status Desired Fee Required Fee Require	
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Street Address (P.O. Box Number is Not Acceptable)	KHAN, MOHAMED 81 Name	
Bas City FL Bas Zip Code	3101 S.W. 98TH STREET ROAD 82 Street Address (P.O. Box Number is Not Acceptable)	
### City		
### Preserved 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 Statu of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Socion 607.0505, Florida Statutes. ### SIGNATURE SIGNATURE		
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 agent and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE 12.		
Sign are: his-ref or primited annex deligation of agenciant that disposation (NOTE Registered Agent argonitume required when releasandy) DATE	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	ed ∋red
PD	SIGNATURE Signature, type flor printed nation of registrated agent and title if applicable (NOTE Registered Agent signature required when refinitating) DATE DATE	
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14. I do 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR