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

PROFIT .. CORPORATION ANNUAL REPORT

1999

DOCUMENT #



P94000066154

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90071 011 \*\*\*150.00

HAZARA	ENTERPRISES INC.										
Principal Place	e of Business	Mailing Address				I ( <b>I I</b> I I	<b>   </b>	1111 <b>       </b>		B)(() B(B) (90)	
2981 LAKEWOR LAKEWORTH FI US		2981 LAKEWORTH ROAD LAKEWORTH FL 33461 US				DO NOT WRI	TE IN THI	S SPACE		l	
							porated or Qualifed				
			<del></del>			09/02/19					
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Numb				plied For	l
21		26				<u>65-05</u> 19	420		\$8.75	t Applicable	l
Suite, Ap	#, etc.	Suite, Apt. #, etc.				5. Certifca:e	of Status Desired		Fee Re	equired	
City & State	e	City & State					ampaign Financing		\$5.00	-	ĺ
23		28					Contribution		Added	io Fees	ĺ
Zip	Count y	Zip	Country				ration owes the curr	rent year lu	itangibl <del>e</del>	[]No	ĺ
24	25	29 30	l				Property Tax.  I Address of New I	Pagietorori		LINO	
	9. Name and Address of Currer	nt Registered Agent	81	Name		10. Name and	Address of New I	<u>registerer</u>			
	N, HASAN R		82	Street	Address	s (P.O. Box Nu	mber is Not Accept	able)			
	i lakeworth road Eworth FL 33461		83			<u> </u>					
			84	City				FI.	85 Zip	Cc de	
				L		diam automite de	is statement for the			r nistered	1
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author	orized by	tne corp	ora ion's	s board of d re	ctors. I hereby acce	pt the appo	intment as re	gistered	
SIGNATURE	Signature, typed or printed nan e of registered age	ANOTE Rea	uctored Ana	nt signature	regul ed wh	hen reinstating)		DATE			
12.		ND DIRECTORS	13.	nt signature			S/CHANGES TO OF	FICERS F	ND DIRECTO	ORS IN 12	3
TITLE	P	☐ DELETE	1,1 TITLE		Γ				Change	Addition	3
NAME	KHAN, HASAN R		1.2 NAME								7
STREET ADDRESS			1.3 STREE	T ADDRESS							Ì
CITY-ST-ZIP	LAKEWORTH FL		1.4 CITY-S	T-ZIP							2
TITLE	VS	☐ DELETE	2.1 TITLE	-					Change	☐ Addition	(
NAME	KHAN, FAUZIA H		2.2 NAME								Ì
STREET ADDRES S	l		2.3 STREE	T ADDRESS							1
CITY-ST-ZIP	LAKEWORTH FL		2 4 CITY-	ST-ZIP	L						
TITLE		☐ DELETE	3.1 TITLE			. –			Change	Addition	
NAME			3.2 NAME								
STREET ADDRESS		3.3		TADDRESS							}
CITY-ST-ZIP				ST-ZIP	<u> </u>						∤
TITLE	, "	☐ DELETE	4.1 TITLE						Change	☐ Addition	
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREE	T ADDRESS							
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u> </u>						1
TITLE		☐ DELETE	5.1 TITLE						Change	☐ Addition	
NAME	1		5.2 NAME								
STREET ADDRESS	•			T ADDRESS							}
CITY-ST-ZIP				T-ZIP	<u> </u>			<del></del> .		T Addition	1
TITLE	El Bellett		6.1 TITLE						Change	☐ Addition	
NAME			6.2 NAME								
STREET ANNUES S	.I		6.3 STREE	T ADDRESS	1						1

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 on 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 a lother like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: