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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P9500003097 (9)

Principal Place of Business Malling Address  5627 15TH ST. E BRADENTON FL 33507  Malling Address  5627 15TH ST. E BRADENTON FL 33507			707			
				<ol> <li>Date Incorporated or Qualified 01/10/1995</li> </ol>	3a. Date of Last	
2. Principal Pla	nce of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		45-0546535		Not Applicable
Suite, Apt. :		Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip 24	Country 25	Zip <b>29</b>	Country 30	This corporation has liability for Florida Statutes	intangible tax under	s 199.032,
	9. Name and Address of Curr	ent Registered Agent	64 1	10. Name and Address of New R	Registered Agent	
KARID	SVED I		81 Name			
Kabir, syed J 5627 15th St. e			82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
	VTON FL 33507		83			
			84 City			7- Onda
			Only		FL  85   2	Zip Code
11. Pursuant t	o the provisions of Sections 607.05	02 and 607,1508, Florida Statut	es, the above-named corpor	ration submits this statement for the pur	rivose of changing its	registered office
familiar wit	and accept the obligations of accept the obligations.	ordia. Such change was authorized on 607.0505, Florida Statutes  SYED J k  ordina title I application (NC	red by the corporation's boa S. (A.B.) (C DTE: Registered Agent signature require	rd of directors. I hereby accept the appoint of directors in the directors of the appoint of directors.	rpose of changing its ointment as reg stere  3. 2 0.9 ( DATE	ed agent. I am
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certury trial 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 address. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3.20.96
Davine Phone F