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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1**9**98

DOCUMENT #

P95000003099 (5)

AZ AHMAD STORES, INC.

Principal Place of Business Mailing Address 3101 N. FEDERAL HWY 3101 N. FEDERAL HWY SUITE 504 SUITE 504 SEFFNER FL 33306 FT. LAUDERDALE FL 33306 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 01/10/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0577705 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 氹 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be FL. Ft. Landerdal Trust Fund Contribution 23 Added to Fees 28 Zip Country Žip Country B. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **QURESHI. DENISE** 3101 N. FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable) SUITE 504 83 FT. LAUDERDALE FL 33306 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 tile if applicable (NOTF: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DPST DELETE Change ___ Addition TITLE 1.1 TITLE **QURESHI, DENISE** NAME 1.2 NAME 3101 N. FEDERAL HWY STE 504 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33306 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE Addition TITLE Channe 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ___ Change Addition TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

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 13 if changed, or on an attachment with an address.

4-73-98

954-837-7276

FILED

May 19 1998 8:00am

Secretary of State