PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000004106

S.K. RAYANI, INC.

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90008 044 ***158.75



Principal Place of Business Mailing Address							
4635 N.W. 57TH LANE CORAL SPRINGS FL 33067		4635 N.W. 57TH LANE CORAL SPRINGS FL 33067		DO NOT WRITE IN THI	S SPACE		
	•				3. Date Incorporated or Qualifed		
					01/17/1995		
Principal Place of Business 2a. Mailing Address					4. FEI Number	•	lied For
21 26		26			65-0593449		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad		
22		27			T C Financia	\$5.00 N	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	Added to		
23		28	Country	·	8. This corporation owes the current year	ntangible	
Zip	Country	29 30	, ,		Personal Property Tax.	☐ Yes □	Ω/Nο
24	9. Name and Address of Current		' 		10. Name and Address of New Registere	d Agent	
	9. Name and Addition	· "我有什么。"	81	Name	•		
RAYA	ani, shamsuddin s		82 Street Address		ess (P.O. Box Number is Not Acceptable)	,	
4635	N.W. 57TH LANE				A STATE OF THE STA		1 1 1 1 1 1 1 1 1
COR	AL SPRINGS FL 33067		83			自於翻翻	
		•	84	City		85 Zip C	ode*
	• • • • • • • • • • • • • • • • • • •			<u> </u>	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of shonging its	registered
SIGNATURE:	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Re	gistered Age	ant signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO CIT TOETS	Change	☐ Addition
TITLE	P	. Detere	1.2 NAME				
NAME (RAYANI, LAILA P			ET ADDRESS			l
STREET ADDRESS	4635 NW 57TH LANE		1.4 CITY-		<u></u> _		
CITY-ST-ZIP	CORAL SPRINGS FL 33067	☐ DELETE	2.1 TITLE			Change	☐ Addition
TITLE	RAYANI, SHAMSUDDIN S	_	2.2 NAME			:	1
NAME	4635 NW 57TH LANE		2.3 STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS FL 33067		2.4 CITY	ST-ZIP			Addition
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME		•		
STREET ADDRESS			3.3 STRE	ET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	14821-11-11-11-11-11-11-11-11-11-11-11-11-1	·	3.4. CITY		Section 1	Change	Addition
TITLE	_ :	☐ DELETE	4.1 TITLE				_ ,
NAME	1- 51 ·	: 3	4. 2 NAM	ET ADORESS			
STREET ADDRESS			4.3 STRE	1			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
TIME		<u>_</u>	5.2 NAM	!			
NAME	,		5.3 STRE	ET ADDRESS		٠.,	
STREET ADDRESS		•	5.4 CITY	-ST-ZIP	** 06	<u>. </u>	
TITLE	Transfer (A)	☐ DELETE	6.1 TITLE		•	☐ Change	☐ Addition
NAME .	[] [] [] [] [] [] [] [] [] []		6.2 NAM	}			
STREET ADDRESS	Carle Frage -			EET ADDRESS			
1.010.3	T		■ 64 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.