SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

D05000010500 /7\

415 MONTGOMERY RD SUITE 151 ALTAMONTE SPRINGS FL 32714  3. Date incorporated or Qualified 34. Date 102/13/1995  2. Principal Place of Business 2a Maining Address 4. ELf Number 524 55 50 50 50 50 50 50 50 50 50 50 50 50	USSE SUST SEASO LATE AND T		
415 MONTGOMERY RD SUITE 151 ALTAMONTE SPRINGS FL 32714  2. Principal Place of Business 2. Am laing Address 2. Am laing Address 3. Date incorporated or Qualified 4. ELI Number 5. Cent Lonn of Status Desired 5. Cent Lonn of Status Desired 7. City & State 8. Election Campaign Financing 7. Institute Contribution 7. Name and Address of Current Registered Agent 8. This contribute his provisions of Sections 807.0560 and 607.1568. Florids Statutes, the above named corporation as labality for interprint of the purpose of cine agent in a management and			
2. Principal Place of Business 2. 2a. Malling Address 4. FET Number 2. 2a. Malling Address 5. 5 9 - 3.2 9 5 9 8 2.  Suite, Apt #, etc 5. 5 9 - 3.2 9 5 9 8 2.  Suite, Apt #, etc 5. 5 9 - 3.2 9 5 9 8 2.  Suite, Apt #, etc 5. 5 9 - 3.2 9 5 9 8 2.  Suite, Apt #, etc 5. 5 9 - 3.2 9 5 9 8 2.  Suite, Apt #, etc 6. Election Campaign Financing Trust Fund Certificition 7. Trust Fund Certification 8. Trust Fund Certification 8. Trust Fund Certification 8. Trust Fund Certification 8. Trust Fund Fund Fund Fund Fund Fund Fund Fund	and and this sait tabi		
22. Malling Address 23. Suite. Apt #, etc 22. Suite. Apt #, etc 22. Suite. Apt #, etc 22. Suite. Apt #, etc 23. Suite. Apt #, etc 24. Cry & State 25. Country 26. Suite. Apt #, etc 27. Country 27. Country 28. This corporation has liability for intaing pite tax 29. Name and Address of Current Registered Agent 29. Name and Address of Name Registe	of Last Report		
Suite. Apt #, etc    Soute. Apt #, etc   Soute. Apt #, etc   Soute. Apt #, etc   Soute. Apt #, etc   Soute. Apt #, etc   Soute. Apt #, etc   Soute. Apt #, etc   Crty & State   Crty & Sta	Applied For		
City & State  City & State  City & State  City & State  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	Not Applicable		
28	\$8.75 Additional Fee Required		
Zup	\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent  FARSAD, BEHSHID 415 MONTGOMERY RD SUITE 151 ALTAMONTE SPRINGS FL 32714  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 chere 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 appointing agent, and hand accept the obligations of Sections 605,050. Florida Statutes, the above named corporation submits this statement for the purpose of Chere 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 appointing agent Lam familiar with, and accept the obligations of Section 607,050, Florida Statutes.  SIGNATURE  Signature  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. ALTAMONTE SPRINGS FL 32714  14. Gift St. Jup  14. Gift St. Jup  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ALTAMONTE SPRINGS FL 32714  14. Gift St. Jup  14. Gift St. Jup  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ALTAMONTE SPRINGS FL 32714  14. Gift St. Jup  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ALTAMONTE SPRINGS FL 32714  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
FARSAD, BEHSHID 415 MONTGOMERY RD SUITE 151 ALTAMONTE SPRINGS FL 32714  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-manied corporation submits this statement for the purpose of charagement and the first and accept the obligations of Section 607 0505, Florida Statutes.  SIGNATURE    The composition of the provisions of Sections 607 0505, Florida Statutes, the above-manied corporation submits this statement for the purpose of charagement and the manifest with, and accept the obligations of Section 607 0505, Florida Statutes    The composition of the provisions of Section 607 0505, Florida Statutes and the composition of the purpose of character and the submit of the purpose of character and the subm	No.		
### PARSAD, BEHSHID ### ALTAMONTE SPRINGS FL 32714  ### City	nt		
SUITE 151 ALTAMONTE SPRINGS FL 32714  11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-trained corporation submits this statement for the purpose of charage mas authorized by the corporation's board of directors. Thereby accept the appointing agent it am familiar with, and accept the obligations of Soction 607.0505, Florida Statutes.    Signature			
ALTAMONTE SPRINGS FL 32714  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation subtrils this statement for the purpose of charagent arm familiar with, and accept the obligations of. Section 607.0505, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment agent arm familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature	dress (P.O. Box Number is Not Acceptable)		
ALTAMONTE SPRINGS FL 32714  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the options of Section 607.0505, Florida Statutes.  SIGNATURE  Signature in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature in provisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature in provisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature in provisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature in provisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature in provisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature in provisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature in provisions of Sections 607.0505, Florida Statutes.  SIGNATURE  Signature in provisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature in provisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature in provisions of Section 607.0505, Florida Statutes.  Signature in provisions of Section 607.0505, Florida Statutes.			
TILL Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of chard office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment of the purpose of charding and it am familiar with, and accept the obligations of, Section 607,0505. Florida Statutes.  SIGNATURE  Signature hybrid or proted to a collegioratal protect algorithms of the purpose of the obligations of the oblig			
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 chard of office or registered agent, or both in the State of Florida Statutes.  SIGNATURE    Signature	35 Zip Code		
SIGNATURE   Signature is predict prened rule of tright-residence appellation and tright-residence (in present appellation)   PATE   Programmo Agent signature required which remarkable)   PATE   PA	nging its registered Perit as registered		
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1.5 IT TILE   1.5 IT TI			
DELETE   11 TiTLE   DELETE   12 NAME   STREET ADDRESS   415 MONTGOMERY RD SUITE 151   14 CITY - S1 - ZIP   ALTAMONTE SPRINGS FL 32714   14 CITY - S1 - ZIP   DELETE   31 TITLE   DELETE   33 STREET ADDRESS   CITY - S1 - ZIP   TITLE   DELETE   34 CITY - S1 - ZIP   TITLE   DELETE   34 CITY - S1 - ZIP   TITLE   DELETE   41 TITLE   DELETE   41 TITLE   AMME   42 NAME   43 STREET ADDRESS   CITY - S1 - ZIP   TITLE   DELETE   41 TITLE   AMME   42 NAME   43 STREET ADDRESS   CITY - S1 - ZIP   TITLE   DELETE   41 TITLE   AMME   42 NAME   43 STREET ADDRESS   CITY - S1 - ZIP   TITLE   DELETE   41 TITLE   AMME   42 NAME   43 STREET ADDRESS   CITY - S1 - ZIP   DELETE   41 TITLE   AMME   42 NAME   43 STREET ADDRESS   CITY - S1 - ZIP   DELETE   41 TITLE   AMME   42 NAME   43 STREET ADDRESS   CITY - S1 - ZIP   DELETE   41 TITLE   AMME   ANAME			
NAME	RECTORS IN 12		
STREET ADDRESS	Change Addition		
CITY-ST-ZIP			
DELETE   D			
NAME   FARSAD, ARYAN A   22 NAME   23 STREET ADDRESS   CITY - ST - ZIP   ALTAMONTE SPRINGS FL 32714   DELETE   DELETE   31 TITLE			
STREET ADDRESS   415 MONTGOMERY RD SUITE 151   23 STREET ADDRESS   2 4 CITY - ST - ZIP	Change Addition		
CITY-ST-ZIP			
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NAME	Change Addition		
STATE   STAT	onange		
TITLE DELETE 41 TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  DELETE 41 TITLE  4 2 NAME  4 2 NAME  4 3 STREET RODRESS  TITLE  DELETE 51 TITLE  ****225.00			
NAME         4 2 NAME           STREET ADDRESS         30001891663           CITY-SI-ZIP         44 CITY-SI-ZIP         -07/12/9601004048           TIILE         02LETE         51 TITLE         ****225.00			
STREET ADDRESS         4.3 STREET RODRESS         300001891663           CITY-SI-ZIP         44 CITY-SI-ZIP         -07/12/9601004048           TINLE         DELETE         51 TITLE         ****225.00	Change Addition		
CITY-SI-ZIP			
THE DELETE 51 TITLE ***225.00	3		
A.A.C.			
NAME 5.2 MANG	Change Addition		
J. CHAINE	<b>—</b> 1		
DOMESTIC PROPERTY.	$\mathcal{A}_{\mathcal{O}}$		
THE DOLLER	Change Addition		
NAME 62 NAME	Change Addition		
STREET ADDRESS 63 STREET ADDRESS			
CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Fi 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 san made under gath that Lam an other or different of the compution of the certification.	lorida Statutes 1		

numering annual report is true and accorate and that my signature shall have the same logal effect as if receiver or anotice empowered to execute this report as required by Chapter 617, Florida Statutes, and ment with an address that my name appears in Block 12 of Block 13 if changed 180 (8ehs hid fewsud) 6/17/96 (407) 186-1077 SIGNATURE: