

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

FILED

Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000018354 (7)

1. Corporation Name  
S & N KHANS, INC.

Principal Place of Business  
1800 S.E. 135TH ST.  
OCALA FL 34473

Mailing Address  
1800 S.E. 135TH ST.  
OCALA FL 34473-3923



3. Date Incorporated or Qualified 03/07/1995  
3a. Date of Last Report 05/01/1996

4. FEI Number 59-3299499  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 1800 S.W. 135th St

2a. Mailing Address  
26 1800 S.W. 135th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
23 Ocala, Florida

City & State  
28 Ocala, Florida

Zip Country  
24 34473 25

Zip Country  
29 34473 30

9. Name and Address of Current Registered Agent  
KHAN, SADRUDDIN  
1839 AMERICANA BLVD #33D  
ORLANDO FL 32839

10. Name and Address of New Registered Agent  
81 Name Khan, Sadruddin  
82 Street Address (P.O. Box Number is Not Acceptable) 1800 S.W. 135th Street  
83  
84 City Ocala, FL 34473 FL 85 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]* DATE 01-19-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			
TITLE	DPT	<input type="checkbox"/> DELETE	
NAME	KHAN, SADRUDDIN		
STREET ADDRESS	1800 S.E. 135TH ST.		
CITY-ST-ZIP	OCALA FL 34473		
TITLE	DVS	<input type="checkbox"/> DELETE	
NAME	KHAN, NEELOFAR		
STREET ADDRESS	1800 S.E. 135TH ST.		
CITY-ST-ZIP	OCALA FL 34473		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	Khan, Sadruddin		
1.3 STREET ADDRESS	1800 S.W. 135th St.		
1.4 CITY-ST-ZIP	Ocala, Florida 34473		
2.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	Khan, Neelofar		
2.3 STREET ADDRESS	1800 S.W. 135th St.		
2.4 CITY-ST-ZIP	Ocala, Florida 34473		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *[Signature]* DATE 1/19/97 1:352-245-1050  
SIGNATURE AND THE FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)