

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000025957 (8)**

1. Corporation Name  
**5200, INC.**



Principal Place of Business: **2901 W. COMMERCIAL BLVD. FORT LAUDERDALE FL 33309**  
Mailing Address: **2901 W. COMMERCIAL BLVD. FORT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified: **03/31/1995** 3a. Date of Last Report

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address  
26. **7680 REPUBLIC DRIVE**  
27. Suite, Apt. #, etc.  
27. **SUITE 110**  
28. City & State  
28. **ORLANDO FL**  
29. Zip  
29. **32819**  
30. Country  
30. **USA**

4. FEI Number: **65-0572429**  
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

9. Name and Address of Current Registered Agent  
**DIAMOND, KEITH D  
46 S.W. FIRST STREET  
FOURTH FLOOR  
MIAMI FL 33130**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed (Name of registered agent, if not applicable) (Name of Registered Agent) signature required when re-registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LADHA, ISSA</b>	1.2 NAME	<b>ISSA F. LADHA</b>
STREET ADDRESS	<b>2901 W. COMMERCIAL BLVD.</b>	1.3 STREET ADDRESS	<b>7680 REPUBLIC DR, SUITE 110</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	1.4 CITY-ST-ZIP	<b>ORLANDO FL 32819</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AMLANI, ANWAR</b>	2.2 NAME	<b>MOHAMMED KASSAMALI</b>
STREET ADDRESS	<b>2901 W. COMMERCIAL BLVD.</b>	2.3 STREET ADDRESS	<b>4882 N.W. 101 AVE</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	2.4 CITY-ST-ZIP	<b>CORAL SPRINGS FL 33076</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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), 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: Issa F. Ladha DATE: 6/30/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 954 733 2685

CR2E034 (12/95)