

**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** **7680 REPUBLIC DRIVE**  
Suite, Apt. #, etc.: **22** **SUITE 110**  
City & State: **23** **ORLANDO FL**  
Zip: **24** **32819**      Country: **25** **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		DELETED
TITLE	<b>D LADHA, ISSA</b>	<input type="checkbox"/>
NAME	<b>LADHA, ISSA</b>	
STREET ADDRESS	<b>2901 W. COMMERCIAL BLVD.</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE	<b>D AMLANI, ANWAR</b>	<input checked="" type="checkbox"/>
NAME	<b>AMLANI, ANWAR</b>	
STREET ADDRESS	<b>2901 W. COMMERCIAL BLVD.</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

CR2E034 (12/95)