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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025957 (8)

Suite, Apt a City & State	C. For Business ERCIAL BLVD. BALE FL 33309 ace of Business #, etc.	28. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28	7660 REPUBLIC DR STE 110 ORLANDO FL 32819-8914 US 2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28			3. Date Incorporated or Qualified 03/31/1995 07/12/1996 4. FEI Number 65-0572429 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 3a. Date of Last Report 07/12/1996 4. Applied For Not Applicable 58.75 Additional Fee Required 5.00 May Be Added to Fees			
Zip	Country	Zip	30	untry		This corporation has liability for Florida Statutes	intangible tax u Yes 🔲 No		199.032,
24	25 9. Name and Address of Curren	29 t Registered Agent	[30]	Τ		10. Name and Address of New R			
NAU	IOND, KEITH D			61	Name		<u></u>		
	.W. FIRST STREET			82	Street Addr	ess (P.O. Box Number is Not Accepta	ible)		
	RTH FLOOR				Onest Addfl	ress (P.O. Box Number is Not Acceptable)			
	/II FL 33130			83					
				84	City		85	Zip (Code
	No. 2 (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····	1	•		FLI	l '	
11. Pursuant t office or re	o the previsions of Sections 607.050; egistered agent, or both, in the State	2 and 607.1508, Florida Sta of Florida. Such change wa	tutes, the a is authorize	ibove-r id by tl	named corp he corporati	oration submits this statement for the ion's board of directors. I hereby according to the control of the contr	purpose of char opt the appointm	nging its ient as i	i registered registered
agent. Lar	n familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Sta	itutes.	·	ŕ			•
SIGNATURE .	Supschilla, Typing or providing one of registered age	of and title if content to	ATE: Dag etare	nd Annot	signature require	ed when reinstaling)	DATE		
12,	OFFICERS AND		13.		signatore requir	ADDITIONS/CHANGES TO OFF		ECTOR	S IN 12
TIFEE	D	☐ DELETE	111					hange	Addition
NAME	LADHA, ISSA		1.2 N	IAME	1				
STREET ADDRESS	7680 REPUBLIC DR, STE 110		1.3 \$	TREET AC	DDRESS				
City-St-7iP	ORLANDO FL		1.4 C	ITY-ST-	ZIP				
TRLE	D	L_J DELETE		2.1 TITLE				hange	Addition
NAME	MOHAMMED, KASSAMALI		2.2 N	IAME					
STREET ADDRESS	4882 NW 101 AVE			2.3 STREET ADDRESS				,	
City - St - ZiP	CORAL SPRINGS FL			2. 4 CITY-ST-ZIP 3.1 TITLE				\hones	Addition
TITLE		☐ DELETE					LI	Change	Addition
STREET ADDRESS			3.2 N	vame Street ac	NOBECC				
CPY-ST-ZP				CITY-ST-	ì				
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NAME		***		NAME				-	
STREET ADORESS			4.3 S	STREET AI	DDRESS				
CITY ST ZIP			4.4 C	CITY-ST-	ZIP				
THLE		DELETE	5.1 T	ITLE	_			Change	Addition
NAMÉ			5.2 N	NAME					
STREET ADDRESS			1	STREET AL	· · · I				
CITY - S1 - ZIP	The second of th	T Artere		CITY - ST-	2IP		····	\han	Andries -
TIFLE		DELETE	6.1 T		1		<u>.</u> (Change	Addition
NAME				NAME					
STREET AUDRESS			4	STREET AL	- 1				
CHY-SI-ZIP	ny portity that the information equivales	d with this filing does not a		CITY-ST-		in Section 119.07(3)(i), Florida Statu	les I further cert	ify that	the
informatio Lam an of	n indicated on this annual report or s	supplemental annual report in the receiver or trustee emp	is true and lowered to	ACCUIT	ate and that	my signature shall have the same legates as required by Chapter 607, Florida	ral effect as if m	ade uno	der path: tha