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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P95000045076 (3)

CHERRY LAUREL, INC.

Principal Place of Bosiness

Mailing Address

4719 NORTH MONROE STREET

4719 NORTH MONROE STREET



96 JAN 23 PH 3: 44

SECHETARY OF STATE TALL/HASSEE, FLORIDA



TALLAHASSEE FL 32303		TALLAHASSEE FL	32303		
• 65 · The				3. Date Incorporated or Qualified 06/12/1995	3a. Date of Last Report
2. Principal Pla l	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	in ohe	26			Not Applicab
2		Suite. Apt. #, etc 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
?] - Z(D	Gountry	7ip		Trust Fund Contribution	Added to Fees
	25	29	Country 30	This corporation has liability for in	
	9. Name and Address of Curre		1301	Florida Statutes Yes  10. Name and Address of New Ro	
			B1 Name	TO. THE PLANT OF THE WITE	Aleraton Whatt
GHAZVINE, MEHRDAD			99 04-14	1.00.5	
4719 NORTH MONROE STREET			62 Street Ago	82 Street Address (P.O. Box Number is Not Acceptable)	
	HASSEE FL 32303		83		
			94		
			84 City		FL 85 Zip Code
<ol> <li>Pursuant to currenisteres</li> </ol>	the provisions of Sections 607,050	2 and 607.1508, Florida Statuti	es, the above named corpo	oration submits this statement for the purp and of directors. I hereby accept the appoi	ose of changing its registered off
familiar with	i, and accept the obligations of, Sec	noa: Such change was authoriz ction 607.0505, Florida Statutes	ed by the corporation's boa	ard of directors. I hereby accept the appoi	ntment as registered agent. I am
IGNATURE .					
2	Under typed or purish their elof registered age		TE. Registered Agent signature requir		DATE
z. Li ]		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	DERS AND DIRECTORS IN 12
IMP	PD Ghazvini, Hossein	T) DELETE	1 1 TIPLE		☐ Change ☐ Addition
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LF	VPD	[ ] DELETE	1.4 CITY - ST - 7IF 2 1 TIFLE		
	TI D	LJDttt			☐ Change ☐ Addition
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	GHAZVINI, MEHRAN 4515 HIGH GROVE ROAD		22 NAME		C sharing
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repolemental angual report is true and accurate and that my signature shall have the same legal effect as if made under design or true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath, that I am an officer or director of the compration or the appears in Block 12 or Block 13 if changed, of on a cutachn

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)