

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

06 JAN 23 PM 3:44

DOCUMENT # P95000045076 (3)

1. Corporation Name

CHERRY LAUREL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

4719 NORTH MONROE STREET
TALLAHASSEE FL 32303

4719 NORTH MONROE STREET
TALLAHASSEE FL 32303

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GHAZVINE, MEHRDAD
4719 NORTH MONROE STREET
TALLAHASSEE FL 32303

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 of the principal officer or registered agent and time of application.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

GHAZVINI, HOSSEIN

1.2 NAME

STREET ADDRESS

4515 HIGH GROVE ROAD
TALLAHASSEE FL 32308

1.3 STREET ADDRESS

CITY- ST- ZIP

TALLAHASSEE FL 32308

1.4 CITY- ST- ZIP

TITLE

VPD

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

GHAZVINI, MEHRAN

2.2 NAME

STREET ADDRESS

4515 HIGH GROVE ROAD
TALLAHASSEE FL 32308

2.3 STREET ADDRESS

CITY- ST- ZIP

TALLAHASSEE FL 32308

2.4 CITY- ST- ZIP

TITLE

VPD

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

GHAZVINI, BEHZAD

3.2 NAME

STREET ADDRESS

1414 GOLDEN PARK COURT
TALLAHASSEE FL 32303

3.3 STREET ADDRESS

CITY- ST- ZIP

TALLAHASSEE FL 32303

3.4 CITY- ST- ZIP

TITLE

VPD

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

ROWHANI-JAHANPOUR, NASSERD

4.2 NAME

STREET ADDRESS

POST OFFICE BOX 4227 N/A
TALLAHASSEE FL 32315

4.3 STREET ADDRESS

CITY- ST- ZIP

TALLAHASSEE FL 32315

4.4 CITY- ST- ZIP

TITLE

STD

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

GHAZVINI, MEHRDAD

5.2 NAME

STREET ADDRESS

2513 DEBDEN COURT
TALLAHASSEE FL 32308

5.3 STREET ADDRESS

CITY- ST- ZIP

TALLAHASSEE FL 32308

5.4 CITY- ST- ZIP

TITLE

VPD

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

VPD

6.2 NAME

STREET ADDRESS

VPD

6.3 STREET ADDRESS

CITY- ST- ZIP

VPD

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)