

**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

96 JAN 23 PM 3:44

**DOCUMENT # P95000045076 (3)**

1. Corporation Name  
**CHERRY LAUREL, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: **4719 NORTH MONROE STREET TALLAHASSEE FL 32303**  
Mailing Address: **4719 NORTH MONROE STREET TALLAHASSEE FL 32303**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/12/1995</b>	3a. Date of Last Report
21	Subs., Apt. #, etc.	26	State, Apt. #, etc.	4. FET Number <b>1</b>	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

**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
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 initial applicant.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GHAZVINI, HOSSEIN</b>	1.2 NAME	
STREET ADDRESS	<b>4515 HIGH GROVE ROAD</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>TALLAHASSEE FL 32308</b>	1.4 CITY-STATE-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GHAZVINI, MEHRAN</b>	2.2 NAME	
STREET ADDRESS	<b>4515 HIGH GROVE ROAD</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>TALLAHASSEE FL 32308</b>	2.4 CITY-STATE-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GHAZVINI, BEHZAD</b>	3.2 NAME	
STREET ADDRESS	<b>1414 GOLDEN PARK COURT</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>TALLAHASSEE FL 32303</b>	3.4 CITY-STATE-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROWHANI-JAHANPOUR, NASSERD</b>	4.2 NAME	
STREET ADDRESS	<b>POST OFFICE BOX 4227 N/A</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>TALLAHASSEE FL 32315</b>	4.4 CITY-STATE-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GHAZVINI, MEHRDAD</b>	5.2 NAME	
STREET ADDRESS	<b>2513 DEBDEN COURT</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>TALLAHASSEE FL 32308</b>	5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-ZIP	

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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)

*[Signature]* 1/23/96