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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000052659** (6)

MOMTAZ, INC.

## FILED Feb 09 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					- L 18 DI 18 DI 118 I DI DI DISEL BANTA BOTTI ABILL DOCUL	Marin ilber bilbi f	ATREA LOST SAST
2633 ROBERTS AVE. 2633 ROBERTS AVE. TALLAHASSEE FL 32304 TALLAHASSEE FL 32304			104				
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 06/29/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21 26					65-0597354	N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional lequired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23 23		28	28		Trust Fund Contribution		to Fees
Ζiρ	Country	Zip	Zip Country		8. This corporation owes or has paid the c	urrent year In	itangible
24	25 29 30			Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent					10. Name and Address of New Registere	1 Agent	
į K	amal, mohammed m		81	Name			-
2633 ROBERTS AVE.				Street Addres	ss (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32304							ne vide
			83				
			84 (	City	<u> </u>	85 Zip	Code
			••	Jity	F	L 63 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							<u> </u>
	Signature, typed or printed name of registered age		OTE: Registered Agent s	Ignature required			
12.	OFFICERS AN	D DIRECTORS  DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AN	Change	
TITLE	KAMAL, MOHAMMED M						- Address
NAME	2030 BELLVIEW WAY, #62		1.2 NAME		203 W. pensacola Stiff Ed	1	100000
Street adoress	TALLAHASSEE FL 32304		1.3 STREET AD	"	Talluhassee FI-32304		
CiTY-ST-ZIP	V	DELETE	1.4 CITY-ST-Z	.IP		Change	Addition
TITLE	ISLAM, NAZRUL	TT DETELE	2.1 TITLE	}		Change	∠ Addition
NAME	A AGAD DELLINERY WAS		2.2 NAME		Both Same		÷
STREET ADDRESS	•		2.3 STREET AD	]			
CITY-ST-ZIP	TALLAHASSEE FL 32304		2. 4 CITY-ST-	ZIP		Change	Addition
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NAME COOKER ADDRESS	1			D2555			
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NAME			J	DDEED			
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CITY-ST-ZIP TITLE			5.4 CITY - ST - Z 6.1 TITLE	-		Change	Addition
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NAME CTOSCH - COSTON	}			00500			\$
STREET ADDRESS	Į.		6,3 STREET ADS	1			
CHY-ST-79	4		m nathtrastat	ir i			

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mohamwed Mikamed

2-4-98

576-2332