

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
- ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 DEC 23 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000078489 (8)

1. Corporation Name

AMERICAN BUSINESS COMPANY PRIVATE INCORPORATED



Principal Place of Business

Mailing Address

1604 SAN MARCO BLVD.
JACKSONVILLE FL 32207

1604 SAN MARCO BLVD.
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified
10/12/1995

3a. Date of Last Report
FIRST REPORT

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. SAME

26 Suite, Apt. #, etc. SAME

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-3326885

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name MOHAMMED SHAHID

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

83 1728 BELLAIR BLVD ORANGE PARK

84 City ORANGE PARK FL 85 Zip Code 32073

11. Pursuant to the provisions of Sections 607.0602 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.20.96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME TAHIR, MOHAMMAD I
STREET ADDRESS 1728 BELLAIR BLVD.
CITY - ST - ZIP ORAGNE PARK FL 32073

TITLE D ☐ DELETE
NAME SHAHID, MOHAMMAD
STREET ADDRESS 1728 BELLAIR BLVD.
CITY - ST - ZIP ORAGNE PARK FL 32073

TITLE D ☐ DELETE
NAME KHANAM, SAMEENA
STREET ADDRESS 1728 BELLAIR BLVD.
CITY - ST - ZIP ORAGNE PARK FL 32073

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY - ST - ZIP

3000002037933--2

-12/26/95-0110 Change 0118 Addition

***383.75 ***383.75

REINSTATEMENT ☒ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MOHAMMED SHAHID

12.20.96 904-3962339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (3/95)