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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079748 1. Corporation Name

N	IAF	AB.	INÇ

FILED May 01, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mai	iling Address				_		ANEII ANIIC RO	DICI BUÇIL LBI			
4027 MAC DONOUGH AVENUE		4027	4027 MAC DONOUGH AVENUE										
ORLANDO FL 3	2809	ORL	ANDO FL 32809				Ì	DO NO	T WRITE I	IN TUIC C	BACE		
							2 Date	Incorporated or Qu		IN THIS S	PACE_		٦
								13/1995					
2 Principal Pi	lace of Business	2a.	Mailing Address				4. FEI I				A	pplied For	1
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.						ired [7	\$8.75	Additional	1
22	14.5 9655 <u>0.865.</u>	27	¬ ''			5. Cent	fcate of Status Des	irea L		Fee R	equired		
City & State			City & State				6. Elect	tion Campaign Fina	ncing [3	\$5.00	May Be	1
23		28					Trust	t Fund Contribution		<u>, </u>	Added	to Fees	4
Zip	Country	Ь.	Zip		untry	2.3	Ψ.	corporation owes the	ne current	-	_	r=1	
24	25	29		30]				onal Property Tax.	N Don		∐ Yes	□No	4
	9. Name and Address of Curre	ent Regist	ered Agent		81	Name	10. Nam	ne and Address of	New Keg	istered A	gent		+
FARS	SIK, MILAN R				"	Name							_
	MAC DONOUGH AVENUE				82	Street Add	dress (P.O. B	ox Number is Not A	cceptable)			-
	ANDO FL 32809				83			·····	·····	• • • • • • • • • • • • • • • • • • • •			-
J. C.													Ĺ
					84	City				FL	85 Zip	Code	
44 Dumund	to the provisions of Sections 607.05	502 and 60	7 1508 Florida Statute	es the s	above	-named cor	moration sub	mits this statement t	or the pur	pose of c	l <u>í</u> hanging íti	s registered	-
office or n	registered agent, or both, in the State	e of Florida	a. Such change was at	uthorized	o by t	the corporat	tion's board o	of directors. I hereby	accept th	e appoint	ment as r	egistered	
agent. I a	m familiar with, and accept the oblig	gations of,	Section 607.0505, Fio:	rida Stat	tutes.								1
SIGNATURE	Signature, typed or crinted name of registered as	gent and title if					ired when reinstatir	ng)		DATE			يَ ا
_	Signature, typed or printed name of registered ag		applicable. (NOTE		d Agent		red when reinstatin	ng) TIONS/CHANGES 1			DIRECT	ORS IN 12	1 (80)
SIGNATURE 12. IIILE			applicable. (NOTE	: Registere	d Agent						DIRECT Change		(41/00)
12.	OFFICERS A		applicable (NOTE	: Registered 13.	d Agent								04 (44/00)
12.	PSD OFFICERS A	AND DIREC	applicable (NOTE	13.	d Agent								E034 (11/08)
12. TITLE	OFFICERS A PSD FABSIK, MILAN R	AND DIREC	applicable (NOTE	13. 1.1 TI 1.2 N 1.3 S	d Agent	ADDRESS					Change	Addition	/ FODEON /
12. TITLE NAME STREET ADDRESS	OFFICERS A PSD FABSIK, MILAN R 4027 MAC DONOUGH AVENU	AND DIREC	applicable (NOTE	13. 1.1 TI 1.2 N 1.3 S	d Agent TILE LAME STREET	ADDRESS						Addition	/ FODEON /
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PSD FABSIK, MILAN R 4027 MAC DONOUGH AVENU ORLANDO FL 32809	AND DIREC	applicable. (NOTE CTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C	d Agent TILE LAME STREET CITY-ST	ADDRESS					Change	Addition	/ FODEON /
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14. I hereby certify that the information supplied with this filing 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 changes; or on an attachment with an address, with all other like empowered.