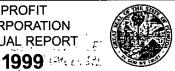
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082099

ZAMZAM, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90167 047 ***150.00



Principal Place	e of Business	Walling Address				
5752 N ORANGE BLSM TR ORLANDO FL 32810		5752 N ORANGE BLSM TR ORLANDO FL 32810			DO NOT INDITE IN THE COACE	
					DO NOT WRITE IN THIS SPACE	\neg
					3. Date Incorporated or Qualifed	ļ
	· ·				10/26/1995	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
21		26			59-3340797 Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	'
City & State		City & State			6. Election Campaign Financing - \$5.00 May Be	\neg
23		28			Trust Fund Contribution Added to Fees	
Zip Country		Zip Country		у	a. This corporation owes the current year Intangible]
24	25	29 3	29 30		Personal Property Tax. Yes No	
	g. Name and Address of Curren	nt Registered Agent	<u>, I</u>		10. Name and Address of New Registered Agent	
ACD			81	Name		- }
ASRAR, MASSARAT 5752 N ORANGE BLSM TR			82 Street Ac		ddress (P.O. Box Number is Not Acceptable)	\Box
ORLANDO FL 32810			83	3		ᅱ
			84	City	FI 85 Zip Code	\dashv
	•		455	<u> </u>	· • • • · · · · · · · · · · · · · · · ·	-d
agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation.	2 and 607.1508, Florida Statutes of Florida. Such change was autitions of, Section 607.0505, Florid	, the above horized by la Statute	the corpors.	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	.: {
	Signature, typed or printed name of registered ager	ANOTE: D	enistered Ans	ant eignature reg	quired when reinstating) DATE	Ì
		ID DIRECTORS:	13.	- ugnatar b ret	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
12.	PD COLITORIA	DELETE	1.1 TITLE		Change Ad	
NAME	ASRAR, MASSARAT	LL	1.2 NAME	į		[
STREET ADDRESS	5752 N ORANGE BLSM TR			ET ADDRESS		- 1
CITY-ST-ZIP	GD1 ALIDO T1 44444		1.4 CITY-	- 1		ĺ
TITLE	STD	☐ DELETE	2.1 TITLE	51-211	· Change Ad	dition
NAME	ASRAR, ZAREEN		2.2 NAME		м	
STREET ADDRESS	5752 N ORANGE BLSM TR		1	ET ADDRESS	•	ł
	ORLANDO FL 32810		2.4 CITY-	- 1		ĺ
CITY-ST-ZIP	CREARDO LE GEOLG	☐ DELETE	3.1 TITLE		☐ Change ☐ Ad	dition
NAME -			3.2 NAME	l.		.
STREET ADDRESS			3.3 STREE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE	14	☐ DELETE	4.1 TITLE	-	☐ Change ☐ Ad	dition
NAME			4. 2 NAME			
STREET ADDRESS	;		4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Ad	dition
NAME						
			5.2 NAME	1		
STREET ADDRESS	,		5.3 STREE	ET ADDRESS		
STREET ADORESS CITY-ST-ZIP			5.3 STREE	ET ADDRESS ST-ZIP	·	
		☐ DELETE	5.3 STREE 5.4 CITY- 6.1 TITLE	ET ADORESS ST-ZIP	Change Ad	dition
CITY-ST-ZIP		☐ DELETE	5.3 STREE	ET ADORESS ST-ZIP	. Change Ad	dition

CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _