FILE N[redacted] AFTER MAY 1 IS $225.00

PR[redacted]
CORPORA[redacted]
ANNUAL REPORT
1996

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

DOCUMENT # **P95000084623 (4)**

1. Corporation Name
NARFAZ & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
7221 OAK MEADOWS CIRCLE ORLANDO FL 32835	7221 OAK MEADOWS CIRCLE ORLANDO FL 32835

3. Date Incorporated or Qualified: 11/03/1995
3a. Date of Last Report:

2. Principal Place of Business
21 7221 Oak Meadows Circle
22 Suite, Apt. #, etc.
23 City & State: Orlando Florida
24 Zip: 32835
25 Country:

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 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

KALAMADEEN-HUGH, BIBI FAZIA
7221 OAK MEADOWS CIRCLE
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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 _____ DATE
Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FAROUK KALAMADEEN		1.2 NAME	
STREET ADDRESS	7221 OAK MEADOWS CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FLORIDA 32835		1.4 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NAHMAN KALAMADEEN		2.2 NAME	
STREET ADDRESS	7221 OAK MEADOWS CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FLORIDA 32835		2.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BIBI FAZIA KNAMADEEN HUGH		3.2 NAME	
STREET ADDRESS	7221 OAK MEADOWS CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FLORIDA 32835		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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5/1/96

CR2E034 (12/95)

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: Bibi Fazia Kalamadeen-Hugh 4/30/1996 (407) 290-9085
BIBI FAZIA KALAMADEEN-HUGH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #