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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000089631 (2)

SHAZ-KYS, INC.

oran mor				
Principal Place of Business	Mailing Address			
8209 WHITE DOVE KISSIMMEE FL 34746	3209 WHITE DOVE KISSIMMEE FL 34748-4646			

FILED Apr 30 1997 8:00am Secretary of State



KISSIMMEE FL 34746		KISSIMMEE FL 34748-464	KISSIMMEE FL 34748-4646		
				Date Incorporated or Qualified 11/22/1995	3a. Date of Last Report 05/01/1996
-	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 Suite Act # ste		65-0642231	Not Applicable
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
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29 29 See of Current Registered Agent	30		Yes No
3209	NANI, SHAHZAD DWHITE DOVE ST SIMMEE FL 34746	ss of Current registered Agent	 81 Name 82 Street A 83 84 City 	10. Name and Address of New Reg DHAM AM KAG Address (P.O. Box Number is Not Accepted 32 09 WH T = 00	SIFUDOIN OVE ST
office or r	egistered agent, or both,	, in the State of Florida. Such change was opt the obligations of, Section 607.0505, Fr	les, the above named of authorized by the corp	Corporation submits this statement for the proration's board of directors. I hereby accept	TL S9796. urpose of changing its registered
SIGNATURE	Signature, lyped of printed in the	State agent and tille if applicable (NO	1f : Registered Agent signature i	required when reinstating)	10/99
12.		FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PVST DHANANI, 8HAHZAI	DELETE	1.1 TITLE	PUST KABIRUDDIN DHAM 3209 WHITE DOVE	Change Addition
NAME STREET ADDRESS	3209 WHITE DOVE	U	1.2 NAME	KUBIKNABIY DAIM	mx (
CITY-ST-ZIP	KISSIMMEE FL 3474	46	1.3 STREET ADDRESS 1.4 City-St-7ip	3 god WHALE DODE	1 - CL 34746
TITLE	6	DELETE	2.1 TITLE	1/182(M)	Change Addition
NAME	dhanani, shafizai	D	2.2 NAME		
STREET ADDRESS	3209 WHITE DOVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KI8SIMMEE FL 3474	46	2. 4 CITY-ST-ZIP		
TITLE	7	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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		☐ DEL€1E	5.1 TITLE		Change Addition
NAME			5.2 NAMÉ		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change C Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY+ST-ZIP			6.4 CITY - ST - ZIP		

I do 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 is 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.

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