

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

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000091854 (6)**  
 1. Corporation Name  
**AMOON, INC.**

Principal Place of Business 9517 NW 52 MANOR SUNRISE FL 33351	Mailing Address 9517 NW 52 MANOR SUNRISE FL 33351
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1995	
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0651191	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		27	
28		29		30	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ISKANDER, ATEF 9517 NW 52 MANOR SUNRISE FL 33351				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISKANDER, ATEF	1.2 NAME	
STREET ADDRESS	9517 NW 52 MANOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISKANDER, NEMA	2.2 NAME	
STREET ADDRESS	9517 NW 52 MANOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	2.4 CITY-ST-ZIP	
TITLE	SH	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISKANDER, DAVID	3.2 NAME	
STREET ADDRESS	9517 NW 52 MANOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	3.4 CITY-ST-ZIP	
TITLE	SH	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISKANDER, DINA	4.2 NAME	
STREET ADDRESS	9517 NW 52 MANOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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

SIGNATURE: Sandra B. Mortham 1/17/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E084 (10/97)