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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000097534

1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90084 019 ***150.00

| Principal Place of Business | Mailing Address | | | | 1 10811091 118 30101 01111 00131 01 | [# | BHILL KOUDE DI | IN A CITIES PIES LAND |
|--|---|--|--|--|---|--------------------------|-----------------------|--|
| 113 MAITLAND AVE | 113 MAITLAND AVE | 00704 | | | | | | |
| ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 | | | DO NOT WRI | ITE IN THIS | SPACE | | | |
| | | | | | 3. Date Incorporated or Qualifed | | • | |
| | | | | | 01/01/1996 | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | | Applied For |
| 21 26 | | | | | 59-3351257 | | | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | | + - · · · | 5 Additional |
| 22 | 27 | | | <u> </u> | | | | Required |
| City & State | City & State | | _ | | 6. Election Campaign Financing | | | May Be |
| 23 | 28 | | | | Trust Fund Contribution | | | d to Fees |
| Zip Country | Zip | I | untry | | 8. This corporation owes the curr | rent year Inta | angible □Yes | □No |
| 24 25 | 29 | 30 | | | Personal Property Tax. 10. Name and Address of New I | Pagietared A | | |
| 9. Name and Address of Current I | registered Agent | | 811 | Name | To. Name and Address of New I | registerou / | -go | |
| ESMAIL, SADRUDDIN M | | | | | | | | |
| 113 MAITLAND AVE | | | 82 Street Addre | | ress (P.O. Box Number is Not Accept | able) | | |
| ALTAMONTE SPRINGS FL 32701 | | | 83 | | | | *** | |
| | | | 84 | City | | | 85 Z | ip Code |
| | | | | • | | <u>FL</u> | | ` |
| 11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation | Florida, Such change was a | authorized | a by ti | ine corporation | poration submits this statement for the on's board of directors. I hereby acce | purpose of pt the appoir | changing ntment as | its registered registered |
| | ils of, Section 607.0303, Fit | onda Stat | tutes. | | | | | |
| SIGNATURE Signature, typed of printed name of adjustment agent a | | | | | od when reinstating) | DATE | | |
| SIGNATURE | nd title if applicable. (NOTI DIRECTORS | | | | nd when reinstating) ADDITIONS/CHANGES TO OF | | | |
| SIGNATURE Signature, typed or printed name purposerord agent at 12. OFFICERS AND TITLE D | nd title if applicable. (NOTI | E: Registered | d Agent : | | | | D DIREC | |
| SIGNATURE Signature, typed or printed name of signature appears and officers and o | nd title if applicable. (NOTI DIRECTORS | E: Registered | d Agent : | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent a 12. OFFICERS AND TITLE NAME STREET ADDRESS 113 MAITLAND AVE | nd title if applicable. (NOTI DIRECTORS | E: Registered 13. 1.1 ਜ 1.2 N | d Agent : | | | | | |
| SIGNATURE Signature, typed or printed name of positioned agent a 12. OFFICERS AND TITLE D NAME ESMAIL, SADRUDDIN M STREET ADDRESS 113 MAITLAND AVE ALTAMONTE SPRINGS FL 32701 | nd title if applicable. (NOTI DIRECTORS DELETE | E: Registered 13. 1.1 π 1.2 N 1.3 S 1.4 Cl | TLE AME TREET A | signature require | | | ☐ Chang | ge Addition |
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(407) 260-6604