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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra P. Merthem

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #-671599

(2) P9600012373

FILED

May 28 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address											
110	3 00	Brou	unlee		1100° Start				nlee		
Starke, FL 32091 32091									l)	3. Date Incorporated or Qualified 3a. Date of Last Report	_
z. Fillicipal r	Place of Busin	1055		2a. Ma	ailing Address				-	4. FEI Number Applied For	٦
21				26						59-3358486 Not Applicable	9
Suite, Apt. #, etc. Suite. Apt. #, etc. 27										5. Certificate of Status Desired Sa.75 Additional Fee Required	
City & State City & State 28										6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country				Zip Cou						This corporation has liability for intangible tax under s. 199 032.	ᅱ
24	25			29 30					Florida Statutes Yes No	-	
9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent	٦
							81	Name	9		7
4					Street	Street Address (P.O. Box Number is Not Acceptable)					
Abbaszadeh Mojgan 1100 E. Brownlee Street							82 Street Address				1
. 🍇		e, FL					83				٦
į.		•					84	City		85 Zip Code	↲
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11) Pursuant Politice or r agent, I a	to the provisi registered ag am familiar wit	ons of Sections ont, or both, h. and acce	ons 607.0502 a in the State of i opt the obligation	nd 607.1: Florida, S ns of, Sei	508, Florida Stat Such change wa ction 607,0505	utes, the sauthorida	rie above rized by Statutes	e-named the cor	d corporation	pration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	1
SIGNATURE	1-1/2	16	Motta		bbasza		•	~ ·			1
	Signature, typed		of registered agent ar	d title if app	licable (N	ÓTE: Reg	slored Age	nt signatur	e required i	d when reinstaling) DATE	-
12.		OF	FICERS AND D	IRECTO			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12]
TITLE	PD CT	- 11			L. DELETE	ľ	I.1 TITLE			Change Addition]
NAME	HDDO	5 Zacle	n, Wejg	21			1.2 NAME				1
STREET ADDRESS			ownieg				1 3 STREET	ADDRESS			
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TITLE	CT C		~ ~ ~ ~		☐ DELETE		2.1 TITLE		ĺ	Change Addition	ľ
HAME			, Rafat'				2.2 NAME				ļ
STREET ADDRESS	1100	٤. ٦	rownles				2.3 STREET				ĺ
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NAME						1	3.1 187LE			☐ Change ☐ Addition	
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CITY-ST-ZIP											
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NAME							2 NAME		l	Change Addition	
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TITLE					☐ DELETE		1 TrILE			Change Addition	1
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STREET ADDRESS						6.	3 STREET A	ADDRESS		-06/06/9/01013037	
CITY-ST-ZIP							4 CITY-ST			***165.00	

14. 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 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 en an attack.