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FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000016081 (7)

1. Corporation Name
KHADELY, INC.



Principal Place of Business

10813 MYSTIC CIRCLE
SUITE 108
ORLANDO FL 32836

Mailing Address

10813 MYSTIC CIRCLE
SUITE 108
ORLANDO FL 32836-6653

2. Principal Place of Business

21 8001 S. Orange Blossom Tr.

Suite, Apt. #, etc.

22 ROOM 936

City & State

23 Orlando, FL

Zip

24 32809

Country

25 Orange

2a. Mailing Address

26 10133 FACET COURT

Suite, Apt. #, etc.

27 City & State

28 ORLANDO, FL

Zip

29 32836

Country

30 ORANGE

3. Date Incorporated or Qualified
02/21/1996

3a. Date of Last Report

4. FEI Number

59-3366704

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

SHABIR, MOHAMMED
10813 MYSTIC CIRCLE
SUITE 108
ORLANDO FL 32836

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10133 Facet Court

83

84 City

Orlando

FL

85 Zip Code

32836

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME SHABIR, MOHAMMED
STREET ADDRESS 10813 MYSTIC CIRCLE, #108
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ DELETE

D
NAME KHADELY, SALMA
STREET ADDRESS 10813 MYSTIC CIRCLE, #108
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 10133 FACET CT
14 CITY-ST-ZIP ORLANDO, FL 32836
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
PRES.

22 NAME ☒ Change ☒ Addition

23 STREET ADDRESS 10133 FACET CT.
24 CITY-ST-ZIP ORLANDO FL 32836

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 on an attachment with an address

SIGNATURE: *Salma Khadely* SALMA KHADELY 4/15/97 407-855-3423

CR2E034 (9/96)