Mar 24, 1999 8:00 am

Secretary of State

03-24-1999 90007 034 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # POGODOO25157

1. Corporation RASSAM	n Name	020101				
Principal Place of Business Mailing Address						
200 W FORSYTH C-4 JACKSONVILLE FL 32202		1463 BAYLOR LANE JACKSONVILLE FL 32217 US				DO NOT WRITE IN THIS SPACE
US	FL 32202	•				3. Date Incorporated or Qualifed 03/21/1996
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				<b>59-3367907</b> Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes 🔀 No
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent		81	Name	10. Name and Address of New Registered Agent
office or registered egent, or both, in the State of Florida, Such change was a			authorized	82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code  12 Page 2		
SIGNATURE	m familiar with, and accept the obliga					ired when reinstating) DATE
Organization of the Control of the C				Agen	t signature reduii	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1,1 70	1 F		Change Additio
NAME	RASSAM, ATHENA N	<b></b>	1.2 NA		1	
STREET ADDRESS	1463 BAYLOR LANE				ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217		1.4 CI			•
TITLE	D	☐ DELETE	2.1 TIT			Change Additio
NAME	RASSAM, MOWFAQ		2.2 NA		}	
STREET ADDRESS	1463 BAYLOR LANE		1		ADDRESS	
CITY-ST-ZIP			2.4 C			e e e e e e e e e e e e e e e e e e e
TITLE	O (O (O O O O O O O O O O O O O O O O O	. DELETE	3.1 TI			☐ Change ☐ Additio
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP			3.4. CI			
TITLE		☐ DELETE	4.1 111			☐ Change ☐ Additio
NAME			4. 2 N	AME		

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, with all other like empowered.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

Change

☐ Change

Addition

Addition