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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000039972 (0)

BABYLON K CO., INC.

21

Principal Place of Business Mailing Address

944 S.W. 149TH WAY
SUNRISE FL 33326

2. Principal Place of Business

2a. Mailing Address

26

FILED Apr 28 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

Not Applicable

3. Date Incorporated or Qualified

05/01/1996

4. FEI Number

HART SHEEL ADDRESS SURRISE FL 33328 STEEL ADDRESS SURRISE FL 33328 DELETE SURRISE FL 33328 CITY ST 2/P HAME KHATTAB, STASIA STREEL ADDRESS SURRISE FL 33328 STEEL ADDRESS SURRISE FL 33328 CITY ST 2/P DELETE DELETE DELETE DELETE AMME STREEL ADDRESS SURRISE FL 33328 DELETE DELETE DELETE AMME STREEL ADDRESS CITY ST 2/P DELETE DELETE AMME STREEL ADDRESS CITY ST 2/P DELETE AMME STREEL ADDRESS CITY ST 2/P DELETE BITTLE CHANGE STREEL ADDRESS STREEL	Sule, Apt. (22	#, elc.	Suit	te, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
Zip Country Zip Country 2p So So So So So So So S		ity & State					40100		
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	Zip	ļ, ·			<u> </u>	/		9.032,	
11. Fursional 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 regist 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 dispointment as registered agent, and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE 12. OF INCERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 15. WHATAB, GHAZ? 16. IN INCERS AND DIRECTORS 16. IN INCERS AND DIRECTORS IN 12 17. IN INCERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. WHATAB, GHAZ? 19. IN INCERS AND DIRECTORS IN 12 19. IN IN INCERS AND DIRECTORS IN 12 19. IN IN INCERS AND DIRECTORS IN 12 19. IN IN INTERPRETATIONS IN 12 19. IN INTERPRETATIONS IN 12									
11. Pursuant to the provisions of Sections 607 0502 and 607 1506. Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its regal office or registered agent. John in this State of Florida Statutes, the above named corporation submits this statement for the purpose of changing its regal office or registered agent. John in this State of Florida Statutes, the above named corporation submits this statement for the purpose of changing its regal office or registered agent. John the purpose of changing its regal office or registered agent. John the method with an object of the purpose of changing its regal office or registered agent. John the purpose of changing its regal office or registered agent. John the purpose of changing its regal office or registered agent. John the purpose of changing its regal office or registered agent. John the purpose of changing its regal office or registered agent. John the purpose of changing its regal office or registered agent. John the purpose of changing its regal office or registered agent. John the purpose of changing its regal office or registered agent. John the purpose of changing its regal office or registered agent. John the purpose of changing its regal office or registered agent. John the purpose of changing its regal office or registered agent. John the purpose of changing its regal office or registered agent. John the purpose of changing its regal office or registered agent. John the purpose of changing its regal office or registered agent. John the purpose of changing its regal office or state in Section of the corporation of the purpose of change agent. John the purpose of purpose of purpose of the purp	HEU	LER & BARNETT CORPORATE	SERVICES		81	Name			
PLANTATION FL 33322 State Notice of Control State State	1214 N. UNIVERSITY DR.						Hone (D.O. Roy Number in Not Assessable)		
11. Pursuant to the provisions of Sections 607 0502 and 607 1506, Florida Statutes, the above named corporation submits this statement for the pursoes of changing its registered agent. Or both in the State of Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as register agent. I am farether with, and accept the obligations of Scotion 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NIME 13. INTEL 12. MARC SIGNATURE 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NIME 15. INTEL						Street Address (F.O. Box Number is Not Acceptable)			
### Changes 1. Pursuint to the provisions of Sections 607,0502 and 507,1508, Florida Statutes, the above named corporation submits this statement for the purposes of changing its registed agent, or both in this State of Friorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registe agent. I arm tamular with, and accept the obligations of, Section 607,0505, Florida Statutes. 12	•				83	 	· ·		
### Change Change A Change							Je-LT Out		
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 register agent, in manufair with, and accept the obligations of, Section 607-5056, Profice Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WHATTAB, GHAZ STEELA NUNIVERSITY DRIVE 13. STREET ADDRESS SUNRISE FL 33326 1.4 CITY-ST-2P WHATTAB, STASIA \$1214 N. UNIVERSITY DRIVE 2.5 STREET ADDRESS SUNRISE FL 33328 1.4 CITY-ST-2P TITLE DELETE 1.5 TITLE DELETE 3.1 TITLE Change A STREET ADDRESS SURRISE FL 33328 3.4 CITY-ST-2P TITLE DELETE 3.5 TITLE DELETE 4.1 TITLE Change A STREET ADDRESS CITY-ST-2P TITLE DELETE 5.1 TITLE Change A STREET ADDRESS CITY-ST-2P TITLE DELETE 5.1 TITLE Change A STREET ADDRESS CITY-ST-2P TITLE DELETE 5.1 TITLE Change A STREET ADDRESS CITY-ST-2P TITLE DELETE 5.1 TITLE Change A STREET ADDRESS CITY-ST-2P TITLE DELETE 5.1 TITLE Change A STREET ADDRESS CITY-ST-2P TITLE DELETE 5.1 TITLE Change A STREET ADDRESS CITY-ST-2P TITLE DELETE 5.1 TITLE Change A STREET ADDRESS CITY-ST-2P TITLE DELETE 5.1 TITLE Change A STREET ADDRESS CITY-ST-2P TITLE DELETE 5.1 TITLE Change A CHY-ST-2P TITLE CHANGES CHY-ST-2P					84	City	85 Zip Cod	e	
12	office or re	egistered agent, or both, in the Stat	te of Florida. S	Such change was	authorized b	v the corp	corporation submits this statement for the purpose of changing its re- poration's board of directors. I hereby accept the appointment as regi	gistered istered	
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	SIGNATURE	Signature, typed or profess name of registered a	gent and title if app	icable. (NO	TE Registered Ag	oni elgnature r	required when reinstating) DATE		
NAME STREEL ADDRESS SURVISES FL. 33328 THE FATORESS SURVISES FL.		OFFICERS A	ND DIRECTOR						
SHEEL ADDRESS CITY, ST-ZIP DELETE CITY, ST-ZIP SUNRISE FL 33326 THEF KHATTAB, STASIA STREEL ADDRESS KHATTAB, STASIA STREEL ADDRESS SUNRISE FL 33326 CITY, ST-ZIP THE CITY ST	TUTLE	U		L DELETE	1.1 TITLE	1	Change	Addition	
SUNRISE FL 33326 DELETE THE DELETE 21 TITLE CITY ST - 7IP CI	NAME		-		1.2 NAME				
THE KHATTAB, STASIA SIRELADORESS SUNRISE FL 33326 CITY ST 7P SUNRISE FL 33326 DELETE 31 TITLE AAME STREEL ADORESS CITY ST 7P DELETE 32 AMME 33 STREET ADORESS CITY ST 7P DELETE 41 TITLE AMME 4.2 AMME 4.3 STREET ADORESS CITY ST 7P THE ALE ADORESS CITY ST 7P THE AL	STREET ADDRESS		E		1.3 STREE	ADDRESS			
NAME STREET ADDRESS S	CHY+S1+210				1.4 CiTY -	ST- ZIP			
SREEL ADDRESS CITY_ST_ZIP TITLE DELETE 31 TITLE 32 MAME 33 STREET ADDRESS STREET	THLE			☐ DELETE	2.1 TITLE	ļ	L_J Change L_	Addition	
CITY ST-2P TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY ST-2P DELETE 4.1 TITLE ANAME AL CITY-ST-2P TITLE ANAME STREET ADDRESS CITY ST-2P TITLE DELETE 4.1 TITLE ANAME STREET ADDRESS CITY ST-2P TITLE DELETE 5.1 TITLE ANAME STREET ADDRESS CITY-ST-2P TITLE DELETE 5.1 TITLE ANAME STREET ADDRESS CITY-ST-2P TITLE DELETE 5.3 STREET ADDRESS CITY-ST-2P TITLE DELETE 5.4 CITY-ST-2P TITLE DELETE 6.5 TITLE Change A SAME STREET ADDRESS CITY-ST-2P TITLE DELETE 6.5 TITLE Change A Change	NAME				22 NAME	ľ			
TIBLE MAVE 32 NAME 32 NAME 33 STREET ADDRESS CITY ST- ZIP TIBLE DELETE 41 TIBLE 4.2 NAME STREET ADDRESS CITY ST- ZIP TIBLE ANDRESS CITY ST- ZIP TIBLE DELETE 44 CITY- ST- ZIP TIBLE ANDRESS CITY ST- ZIP TIBLE DELETE 51 TIBLE ANDRESS CITY ST- ZIP TIBLE DELETE 51 TIBLE ANDRESS CITY ST- ZIP TIBLE DELETE 61 TIBLE Change A STREET ADDRESS CITY ST- ZIP TIBLE Change A Change	STREET ADORESS		E		2.3 STREE	ADDRESS			
NAME STREET ADDRESS CITY_ST_ZIP TIME DELETE 41 TIME ANAME STREET ADDRESS CITY_ST_ZIP TIME ANAME ACTIV_ST_ZIP TIME DELETE 51 TIME DELETE 51 TIME Change A ACTIV_ST_ZIP TIME DELETE 51 TIME ANAME STREET ADDRESS CITY_ST_ZIP TIME DELETE 51 TIME Change A ACTIV_ST_ZIP TIME DELETE 51 TIME ANAME STREET ADDRESS CITY_ST_ZIP TIME ANAME STREET ADDRESS CITY_ST_ZIP ANAME STREET ADDRESS CITY_ST_ZIP TIME ANAME STREET ADDRESS CITY_ST_ZIP ANAME	CITY-ST-ZIF	SUNRISE FL 33328			2. 4 CITY -	ST ZIP			
STREET ADDRESS CITY ST - ZIP TITLE NAME STREET ADDRESS CITY ST - ZIP TITLE NAME STREET ADDRESS CITY ST - ZIP TITLE DELETE AL CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS STREET A	TIPLE			DELETE	3.1 TITLE	1	Change	Addition	
CITY ST-ZIP TRE DELETE 41 TITLE 41 TITLE NAME 1.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY ST-ZIP TITLE DELETE 51 TITLE 52 NAME 52 NAME 55 NAME 55 NAME 56 NAME 51 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE Change A STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE 61 TITLE Change A STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE 62 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE Change A STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE Change A Lam 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	NAME				3.2 NAME	. ↓			
IFITE DELETE 41 TITLE Change A 4.2 NAME \$HEET ADDRESS CHY-ST-ZIP ITITLE 4.2 TITLE Change A 4.2 NAME 4.3 STREET ADDRESS CHY-ST-ZIP ITITLE Change A 4.4 CHY-ST-ZIP ITITLE Change A	STREET ADDRESS				3.3 STREE	t alidress			
NAME SHRET ADDRESS CHY-ST-ZIP TITLE DELETE 51 TITLE DELETE 51 TITLE Change A STREET ADDRESS CHY-ST-ZIP THE DELETE 51 TITLE Change A	CITY - ST - ZIP				3.4. CITY-	ST-ZIP			
SHREET ADDRESS CHY - ST - ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CHY - ST - ZIP TITLE DELETE 5.4 CHY - ST - ZIP TITLE DELETE 6.1 TITLE Change A Cha	TITLE			☐ DELETE	4 1 TITLE		☐ Change ☐	Addition	
CHY ST-ZIP AACT TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS DITY-ST-ZIP TITLE DELETE 5.1 TITLE Change A Change Cha	NAME				4. 2 NAME	· į	•		
DELETE 51 TITLE	STREET ADORESS				4.3 STREE	T ADDRESS			
STREET ADDRESS DITY-ST-ZIP THE DELETE 53 STREET ADDRESS 54 CITY-ST-ZIP THILE DELETE 61 TITLE 62 NAME 62 NAME 63 STREET ADDRESS 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 out 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	CHY-ST-ZIP				4.4 CITY -	ST-ZIP			
STREET ADDRESS CITY-ST-Zir TITE DELETE 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 61 TITLE 62 NAME 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 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 out 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	TOTAL			DELETE	5.1 TITLE		Change L	Addition	
CHY-ST-ZIP THE DELETE 61 TITLE Change A NAME STREET ADDRESS CHY-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 out 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	NAME				5.2 NAME	}	*		
DELETE 61 TITLE Change A NAME STREET ADDRESS 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 oat 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	STREET ADDRESS				5.3 STREE	T ADORESS	** ***		
NAME STREET ADDRESS 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 oat 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	CITY-ST-Zir'				54 CITY-	ST-ZIP	,		
STREET ADDRESS 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 out 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	TiTLE .			DELETE	61 TITLE		Change L	Addition	
CIY-ST-ZIP 14. I do horeby 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 out 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	NAME				6.2 NAME	l			
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 oat 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	STREET ADDRESS				6.3 STREE	T ADDRESS			
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									
	14. I do heret informatio I am an o appears i	by certily that the information suppl in indicated on this annual report or flicer or director of the corporation in Block 12 or Block 13 if changed,	ied with this fil r supplementa or the receiver or on an attac	ing does not qual I annual report is r or trustee empor Inment with an ad	wered to exe	cute this re	report as required by Chapter 607, Florida Statutes; and that my nam	ie	
SIGNATURE: SIGNATURE AND REED OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR DAYS DAYS DAYS DAYS DAYS DAYS DAYS DAYS	SIGNAT	URE: SIGNATURE AND ROSE	OF PRINTED NAM	CA JAD O	A OR DIRECTOR	AZ,	KHATTAP 4/25/96 954-4	72-	