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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052496 (2)

KRAZEE TEES, INC.

FILED May 15 1997 8:00am Secretary of State



Principal Place of Business			Ma	Mailing Address 9173 WICKHAM WAY ORLANDO FL 32836-5514) todinosi iio (6iio ojiki odini 80iii 80iii 80iii 91iio iibii 416ib 10iio 0iii (60i			
B173 WCKHAM WAY ORLANDO FL 32836											
								3. Date Incorporated or Qualified 06/12/1996	3a. Da	ite of Las	l Report
<u> </u>	lace of Business		h	Mailing Address	74		-0	4. FEI Number			Applied For
21 776 Suite, Apt.	# elc	Bronson Hw	y [26]	<i>P. O. 13 d</i> Suite, Apt. #, etc.	λ	75	> -	59-338223	<u>'-</u>		Not Applicabl
22 '-	W ₁ 010.		27	- συπο, χρι. ν , εισ.				5. Certificate of Status Desired			5 Additionat Required
City & Stat	te		-	City & State				6. Election Campaign Financing			00 May Be
	IMMEE	, FL	28	LAKE BUE	NA 1	1157	A, FL	Trust Fund Contribution			ed to Fees
Zip 2/4"	7/17	Country		7ip		ountry		8. This corporation has liability for	intangible	tax unde	rs. 199.032,
24 34	747 25	OCEOLA d Address of Curren	29	32830	30]	DL	ANH a	Florida Statutes 🔍		□ No	
4446		o Address of Curren	t Hegisi	lered Agent		81	Name	10. Name and Address of New Re	gistered	Agent	
	KARI, ZIA I	IAU									
9173 WICKHAM WAY ORLANDO FL 32836						82	Street Address (P.O. Box Number is Not Acceptable)				
URL	~100 FL 320	JU				83	 				
		/	ีว.			84	City		FL	85	p Code
11. Pursuant	to the provisions	of Sections 607.9.0	id 60	37 1508, Florida State	ules, the	abov	e-riamed corp	oration submits this statement for the p		changing	g its registered
agent. La	registered agent am familiar with,	, or both, in the State and accept the only	tions of	Section 607.0505, F	s authoriz Florida St	ed by atute:	y tne corporati s.	oration submits this statement for the j on's board of directors. I hereby acce	ot the app	ointment	as registered •
SIGNATURE		1714							41	130/	97
	Signature, typed or p						ent signature require		DATE F	•	
12. TITLE	D	JAJAN ANI	DIREC	DELETE	13	1111.E		ADDITIONS/CHANGES TO OFFIC	ERS AND	Chang	
NAME	ANSARI, ZIA	1		LJ bittit		NAM(L. Citaliy	E LI ADUMUI
STREET ADDRESS	9173 WICKH						ADDRESS				
CITY-ST-ZIP	ORLANDO F					CHY-5	•				
TITLE	`\			DELETE		TITLE				Chang	c Addition
NAME					22	NAME					
STREET ADDRESS					2.3	STREET	ADDRESS				
CITY-ST-ZIP					2.4	CITY	ST - ZIP				
TITLE				DELETE	31	TITLE				Chang	e 🔲 Addition
NAME .	`				3.2	NAME					
STREET ADDRESS					33	STREET	ADDRESS				
CITY-ST-ZIP				☐ DELETÉ		CITY -:	SI - 7IP			Charles	
TITLE NAME				CT DEFEIG	1	HILE				L Chang	e Ll Addition
STREET ADDRESS						NAME	Monnee				
CITY-ST-ZIP							ADDRESS	`			
TITLE				DELETE		CHY-S TITLE	21. (II)			Chang	e Addition
NAME			\			NAME			\		
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP						CITY-S					
TITLE				DOELETE		TILLE				Charig	Addition
NAME					6.2	NAME					
STREET ADDRESS		/)	\	6.3	STREET	ADDRESS				
CITY-ST-ZIP			W			CITY - S					
14. I do herel	by certify that the	e information supply	In th	is filing does not qua	lify for th	е ехе	emption stated	in Section 119.07(3)(i), Florida Statule	s. I further	certify th	at the

I do needly certify that the information suppression this tilling doos not quality for the exemption stated in Section 119 D7(3)(i), Florida Statules. I further certify that the information indicated on this annual report. I provide the same legal effect as if made under eath; that I am an officer or director of the corporation. The provider 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 et ingression an attachment with an address.

4/2 las

(402) 391 - 7536

CIONATUDE.