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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90026 006 \*\*\*150.00

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1. Corporation Name  
JALEEL AND SALEEMA KHAN, INC.

Principal Place of Business  
19022 BRUCE B DOWNS BLVD  
TAMPA FL 33637  
US

Mailing Address  
19022 BRUCE B DOWNS BLVD  
TAMPA FL 33637  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 9413 BELLHAVEN STREET		07/02/1996	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 TAMPA, FLORIDA		59-3388368	
24 Country		29 33637		30 U.S.A.	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KHAN, ZAFAR J 9413 BELLHAVEN ST TAMPA FL 33637				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TREASURER, SECRETARY
NAME	KHAN, ZAFAR J	1.2 NAME	AFTAB A. SYED
STREET ADDRESS	9413 BELLHAVEN STREET	1.3 STREET ADDRESS	9413 BELLHAVEN STREET
CITY-ST-ZIP	TAMPA FL 33637	1.4 CITY-ST-ZIP	TAMPA, FL 33637
TITLE	STD	2.1 TITLE	PRESIDENT, DIRECTOR
NAME	KHAN, SALMA Z	2.2 NAME	SALMA Z. KHAN
STREET ADDRESS	9413 BELLHAVEN STREET	2.3 STREET ADDRESS	9413 BELLHAVEN ST.
CITY-ST-ZIP	TAMPA FL 33637	2.4 CITY-ST-ZIP	TAMPA, FL 33637
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: x *S. Zafar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 (813)-985-7861  
Date Daytime Phone #

CR2E034 (11/98)

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