

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morth Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000063886 (1)

1. Corporation Name
ULTIMATE CONVENIENT, INC.

Principal Place of Business

5284 CHISWICK CIRCLE
ORLANDO FL 32812
1094 WEST HIGHWAY 436
ALTAMONTE SPRINGS FL 32714

Mailing Address

5284 CHISWICK CIRCLE
ORLANDO FL 32812



2. Principal Place of Business

21 Suite, Apt. #, etc.
1094 W. HIGHWAY 436
22 City & State
ALTAMONTE SPRING, FL
23 Zip
32714
24 Country

2a. Mailing Address

26 MOHAMMAD KALHOR
27 Suite, Apt. #, etc.
5284 CHISWICK CIR.
28 City & State
ORLANDO, FL
29 Zip
32812
30 Country

3. Date Incorporated or Qualified

07/29/1996

3a. Date of Last Report

4. FEI Number

59-3387429

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

KALHOR, MOHAMMAD
1094 WEST HIGHWAY 436
ALTAMONTE SPRINGS FL 32714
5284 CHISWICK CIRCLE
ORLANDO, FL 32812

10. Name and Address of New Registered Agent

81 Name
KALHOR, MOHAMMAD
82 Street Address (P.O. Box Number is Not Acceptable)
5284 CHISWICK CIRCLE
83
84 City
ORLANDO, FL
85 Zip Code
32812

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	D	<input type="checkbox"/> DELETE
NAME	KALHOR, MOHAMMAD	
STREET ADDRESS	5284 CHISWICK CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	O	<input type="checkbox"/> DELETE
NAME	REZA SOUDI	
STREET ADDRESS	200 AFTON SQUARE	
CITY-ST-ZIP	ALTAMONTE SPRING 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, on an attachment with this address.

SIGNATURE: MOHAMMAD KALHOR

4.30.97

CR2E034 (9/96)