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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071949 (7)

## FILED Feb 03 1998 8:00am Secretary of State

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seif, in	IC.				
		•		1 1861 PALITA ING 1811 B ALITH AGAN AGAN AGAN AGAN AGAN	<u> </u>
Principal Place of Business Mailing Address					
4985 WEST COLONIAL DRIVE 4985 WEST COLONIAL DRI			Έ		
ORLANDO FL	32808	ORLANDO FL 32908		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
				08/28/1996	
2, Principal Pi	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-3411300	Not Applicable
Suite, Apt	#, <b>e</b> 1c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	7ip	Country	Trust Fund Contribution	Added to Fees
Zip	Country	<u></u>		<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intancible  Yes No
24	9. Name and Address of Curre	29 36	<u> </u>	10. Name and Address of New Register	
- Aut	<u></u>	in riogistolos Agont	81 Name		
	EITH, MOHAMMAD			sana GNeith	
4985 W GLOUIAL ORLANDO FL 32808			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	rial Du
UNI	TAMINO LE 25000		83	63	
			8		<del></del>
			84 City 🖒	obral 2	=L 85 Zip Code 32804
11. Pursuant I	to the provisions of Sections 607.050	02 and 607.1508. Florida Statutes.	the above-named co		
office or re	egistered agent, or both, in the State	of Florida, Such change was aut	horized by the corpor	orporation submits this statement for the purposeration's board of directors. I hereby accept the	appointment as registered
	m tarmilar with, and cash the oblig	<b></b>	1000	R13 4. 1/1	c /a4
SIGNATURE	Signature, typed or protect reproport registered ag	ont and title if applicable. (NOTE F	tegistered Agent signature rec	quired when reinstating) DA	,
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	XX DELETE		1500	Change Addition
NAME	<b>GHEITH, MOHAMMAD</b>		1.2 NAME	sand Cheith	ial Du
STREET ADDRESS	4985 WEST COLONIAL DRIVI	E	1.3 STREET ADDRESS	and race Er35.	
CITY-ST-ZIP	ORLANDO FL 32808			ortango r r 25	808
TITLE	\$TD	☐ DELETE	2.1 TITLE		Change Addition
NAME	SEIF, ALAEDDIN	_	2.2 NAME		
STREET ADDRESS	4985 WEST COLONIAL DRIVI	E	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		2. 4 CITY-ST-ZIP		T Of the Control of t
ŢITLE		DELETE	3.1 TITLE	•	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<del></del>	[ ] priete	3.4. CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		L Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - 7/P 5.1 TITLE		Change Addition
TITLE		- Detter	5.2 NAME		
NAME CONTROL OF			5.3 STREET ADDRESS		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_ oracic	6.2 NAME		
			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
CITY-ST-ZIP	ertify that the information supplied v	with this filme does not qualify for t		in Section 119.07(3)(i). Florida Statules, I furthe	er certify that the information

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 logal effect as if made under eath; 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.

ock 12 or Block 13 if changed, or on an attachment with all address.