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

**PROFIT CORPORATION** ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000076294 (3)

CAVERNEDIRECT IMPORT INC.

Caverne

Principal Place of Business

Mailing Address

## **FILED** Mar 19 1998 8:00am Secretary of State



1908 - SOUTH MACDILL AVE.  1908 - SOUTH MACDILL AVE.  TAMPA FL 33629  TAMPA FL 33629			AVE.		DO NOT WRITE IN THIS S  3. Date incorporated or Qualified  09/12/1996	PACE
2. Principal Place of Business 21 3123 W. Kenne of Blub 26 3123 W. Kenn					4. FEI Number	Applied For
	26 3123 W. KRA	13 W. Vennery BLVO		59-3314826	Not Applicable	
Suite, Apt. #, etc 22 City & State 23 Thm Ph PL Zip Country 24 3 6 9 25		Suite, Apr. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State 28 T+mp+	FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		29 33609	Country 30	<i>'</i>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered A	gent
	MKHANI, MOJTABA		81	Name		
1908 - SOUTH MACDILL AVE. TAMPA FL 33629			82			
			63			
			84	City	FL	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 typical or printed hause of registers diagent	mod Ota di un chi oli da Mi Ota	D. gistuted Age	ant signature sec	quired when reinstating) DATE	
12.	OFFICERS AND		13.	ork signature red	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	T	7,55,110,10,10,10,10,10,10,10,10,10,10,10,10	☐ Change ☐ Addition
NAME	ESMKHANI, MOJTABA		1.2 NAME			
STREET ADDRESS	2909 - BAY VISTA AVE. 1.35		1.3 STREET	ADDRESS		ļ
CITY-ST-ZIP	TAMPA FL 33611		1.4 CITY-5	IT-ZIP		
TITLE	<b>V</b>	DELETE	2.1 TITLE			☐ Change ☐ Addition (
NAME	1201112011		2.2 NAME			
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		23 STREET	ADDRESS		
CITY-\$1-ZIP	\$		2. 4 CITY-	ST-ZIP		A digital
TITLE			3.1 TITLE	- 1		Change  Addition
NAME			3.2 NAME	1000000		i
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP TITLE			3.4 CITY-1	SI-ZIP		Change Addition
NAME			4 2 NAME			
STREET ADDRESS			43 STREET	ADDRESS		
CITY-ST-ZIF			44 CITY-5	- 1		
TOTLE			51 TITLE			☐ Change ☐ Addition
NAME			5 2 NAME		•	
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - 9	T-ZIP		
TITLE			6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADORESS			63 STREET	ADDRESS		ļ
CITY-S1-ZIP	<u> </u>		64 CITY-S	T-ZIP		

14. Thereby 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 or an attachment with an address.

SIGNATURE:

XIII C 198 (813) 998-0 800

3,16198 (813)998-0800