

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90026 004 ***150.00

DOCUMENT # P96000082277

1. Corporation Name
T.A.F.T., INC.

Principal Place of Business
9965 S.W. 153RD STREET
MIAMI FL 33157

Mailing Address
9965 S.W. 153RD STREET
MIAMI FL 33157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 P.O. Box 550
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 550
Suite, Apt. #, etc.

22 City & State
23 FELDA, FL
24 Zip 33930 25 Country USA

27 City & State
28 FELDA, FL
29 Zip 33930 30 Country USA

3. Date Incorporated or Qualified
10/04/1996

4. FEI Number
65-0703135
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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GAFOOR, TAFFAZAL
9965 S.W. 153RD STREET
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3301 COUNTRY ROAD 830
83
84 City FELDA FL 85 Zip Code 33430

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	PDT	<input type="checkbox"/> DELETE
NAME	GAFOOR, TAFFAZAL F	
STREET ADDRESS	9965 S.W. 153RD STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	GAFOOR, DONNA	
STREET ADDRESS	9965 S.W. 153RD STREET	
CITY-ST-ZIP	MIAMI FL 33157	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	P.O. Box 550
1.4 CITY-ST-ZIP	FELDA, FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	P.O. Box 550
2.4 CITY-ST-ZIP	FELDA, FL
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 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:

Taffazal Gafoor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Date

941-675-3441

Daytime Phone #

CR2E034 (11/98)