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

P96000082800 (9)

PROFIT CORPORATION ANNUAL REPORT

1998

TAHJUD CORPORATION

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 17 1998 8:00am Secretary of State

T I FARRILINA IN INCIDI		

Principal Plac	e of Business	Mailing Address				- 1 18airhat dha hàish Bisin Baist Adisi Abisi hàidh		HI DOM IDDI
E975 ALA SO	штн	6975 A1A SOUTH						
SUITE #2 St. Augusti	NE FL 32086	SUITE #2 St. Augustine Fl 32088	3			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		· 1
						10/07/1996		
	lace of Business	2a. Mailing Address				4. FEI Number	— — — ·	oplied For
21		26				59-3407521		ot Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			J	5. Certificate of Status Desired	· · · ·	Additional equired
City & Stat	e	City & State				8. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25		30			Personal Property Tax due June 30.] No
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registers	d Agent	
	ri, said n		6	1 1	Vame			
	75 A1A SOUTH		B	2 5	treet Addres	ss (P.O. Box Number is Not Acceptable)		
	HTE #2 . AUGUSTINE FL 32086		B	3		Advisor de la companya de la company		
0.	. AGGGGTINE TE GEGGG							
			8	4 (City	F	L 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abo	ve-n	amed corpo	ration submits this statement for the purpose	of changing if	ts registered
office or r agent. I a	egistered agent, or both, in the Stati im familiar with, and accept the oblid	e of Florida. Such change was a gations of, Section 607.0505, Flo	utnorized I rida Statut	by th	e corporatio	on's board of directors. I hereby accept the a	appointment as	registered
SIGNATURE	·							
	Signature, typed or printed name of registered ag		Registered A	lgent s	ignature required	d when reinstating) DATE	<u> </u>	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PTD Zori, said n	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	6975 A1A SOUTH STE #2		1.2 NAM					
STREET ADDRESS	ST. AUGUSTINE FL		1.3 STRE					
CITY-S1-ZIP	SD SD	Docte	1.4 CITY		IP		Change	Addition
TITLE	ZORI, SAID NASIR	☐ DELETE	21 TITLE		Į		Change	Addition
NAME	6975 A1A SOUTH STE #2		22 NAMI					
STREET ADDRESS	ST. AUGUSTINE FL		23 STRE					
CITY-ST-ZIP TITLE	D	DELETE	2 4 CITY 3 1 TITLE		ZIP		Change	Addition
NAME	HILL. PATRICIA HOPE	_ breek	3.2 NAM				C. Onlange	Aboilloin
STREET ADDRESS	5287 REDBIRD ROAD		3.2 NAM		DOLCC			ì
CITY-ST-ZIP	ST AUGUSTINE FL		3 4. Dity		. !			
TITLE	VP	☐ DELÉTE	4 1 TITLE		AV .		☐ Change	Addition
NAME	HILL, DANIEL J		4 2 NAM			•		
STREET ADDRESS	5287 REDBIRD ROAD		4.3 STRE		ORESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		4 4 CITY					-
TITLE	D	DELETE	5.1 TITLE				Change	Addition
NAME	HILL, GIGI		5 2 NAMI				-	
STREET ADDRESS	4131 N.W. 99TH TERRACE		53 STRE		DRESS			
CITY-ST-ZIP	SUNRISE FL 33351		5.4 City					
TITLE		DELETE	6 1 TITLE				Change	Addition
NAME			62 NAMI	É	J			ļ
STREET ADDRESS			6.3 STRE	ET ADI	DRESS			
			1		1			

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 suppliermental 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 employeed 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.

SIGNATURE: (X)

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