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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socrelary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600086366 (7)

## **FILED** May 22 1997 8:00am Secretary of State

Principal Place 12830 SHADY I SPRING HILL F	e of Business HILLS ROAD	Mailing Address 12830 SHADY HII SPRING HILL FL	LS ROAD						
OFMING RILL T	L 34010	SPRING FILL FL	34010-0037			3. Date Incorporated or Qualified	3a. Date of Las	st Report	-7
	<u></u>					10/17/1996	<u> </u>		
<u> </u>	lace of Business	2a. Mailing Addr	ess			4. FE1 Number	ــا مر	Applied For	
Suite, Apt.	# ote	<b>26</b>	oto.		/	59-344 666.	) <u> </u>	Not Applicable  5 Additional	: -
22	n, otc.	27	GG.			5. Certificate of Status Desired	T	Required	
City & State	9	City & State				6. Election Campaign Financing	\$5.1	DO May Be	-
23	·	28				Trust Fund Contribution		ed to Fees	_
Zip	Country	Z)p 		untry	/	8. This corporation has liability for in		er s. 199.032,	
24	25 9. Name and Address of Currer	nt Bookstored Apont	30	- <del>7</del> · · · · ·			Yes No		4
DAD	VISH, MEHRDAD	ur uadistated whour		81	Name	10. Name and Address of New Reg	istered Agent		
	NO SHADY HILLS ROAD								
	ING HILL FL 34610			82	Street A	ddress (P.O. Box Number is Not Acceptable)			
]				83	ļ				7
ļ					1 25				_
1				84	City		FL  85   Z	ip Code	
11. Pursuant	to the provisions of Sections 607.050	32 and 607.1508, Florid	da Statutes, the a	abov	e-named c	corporation submits this statement for the pu	rpose of changin	g its registered	1
agent. I a	m familiar with, and accept the oblig	ations of, Section 607	0505, Florida Sta	atule:	y the corpe s.	corporation submits this statement for the publication's board of directors. I hereby accept	. the appointment	as registered	
SIGNATURE	Mekredard	Jarrish				4-20-9	7		
12.	Signature typed or printed name of registered agr	ent and title if applicable	(NOTE Engister		ont signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DAIT	ODC IN 10	بر إ
TITLE PS D	OF TICENS AIN	ID DIRECTORS				ADDITIONS/CHANGES TO OFFICE	Chang		0
NAME PSID	DARVISH, MEHRDAD	<u></u>		NAME			C. Online	,o	16
STREET ADDRESS	12830 SHADY HILLS ROAD				ADDRESS				3
CITY-ST-ZIP	SPRING HILL FL 34810				ST- ZIP				
TITLE		□ DI					Chang	ge Addition	Շ
NAME			221	IAME	ľ				1
STREET ADDRESS			2.3 9	STREET	ADDRESS				
CITY-ST-ZIP				CITY-	S1-ZIP				_
TOLE		DE				•	Chang	ge Addition	
NAME			3.2 h						
STREET ADDRESS			i i		ADDRESS				
CITY-ST-ZIP		DE			S1 - Z(P		Chang	e Addition	-{
NAME		200		NAME				to C vanation	1
STREET ADDRESS					ADDRESS		_		
CITY-\$T-ZIP					51 - <b>Z</b> iF	,\	12		
TITLE		DE			r) 4/1	UM.	Chang	ge Addition	1
NAME		_		NAME	1		√ - ··		
STREET ADDRESS					ADDRESS	X <sub>r</sub>	,\ <u>\</u>		
CITY-ST-ZIP			1		31 - 71 <del>2</del>	~ <u>`</u>	j		
TITLE		DE	LETE 611	IILE			Chanç	ge 🔲 Addition	1
NAME			621	IAME		30000220 -06/05/970101 ***165.00	<b>≝435</b>		
STREET ADDRESS			638	11)40	ADDRESS	-U6/U5/3/U1UI ***100 00	5015		
CITY-ST-ZIP			640	DITY-S	51 - 71P	****100 <b>.</b> 100			

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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that