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FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000092951 (8)

1. Corporation Name

H.A. CUMBER OF PINE BAY, INC.

Principal Place of Business

10100 W SAMPLE RD. SUITE 205
CORAL SPRINGS FL 33065

Mailing Address

10100 W SAMPLE RD. SUITE 205
CORAL SPRINGS FL 33065

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

TRANTALIS, DEAN J
9724 W SAMPLE RD
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1996

4. FEI Number

65-0705026

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name AFTAB A CUMBER

82 Street Address (P.O. Box Number is Not Acceptable)
10100 WEST SAMPLE ROAD # 205

83

84 City CORAL SPRINGS

FL

85 Zip Code 33065

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.

AFTAB A CUMBER

(NOTE: Registered Agent signature required when reinstating)

4/9/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CUMBER, AFTAB A
STREET ADDRESS 10100 W SAMPLE RD, SUITE 205
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ DELETE

TITLE STD
NAME CUMBER, GUL
STREET ADDRESS 10100 W SAMPLE RD, SUITE 205
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ DELETE

TITLE VD
NAME RAYANI, SHAMS
STREET ADDRESS 10100 W SAMPLE RD, SUITE 205
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, without address.

SIGNATURE:

AFTAB A CUMBER 4/9/98

69547 753-4242

CR2E034 (10/97)