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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600093091

Country

9. Name and Address of Current Registered Agent

TO BOLLIANS IN 1881

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IQRA, INC.

Principal Place of Business

3320 W WISCONSIN AVE **TAMPA FL 33611**

2. Principal Place of Business

ALI, PARVEZ 3320 W WISCONSIN AVE **TAMPA FL 33611**

316 3

Suite, Apt. #, etc.

City & State

US

22

23

24

Zip

Mailing Address

3320 W WISCONSIN AVE

2a. Mailing Address

City & State

Suite, Apt. #, etc.

TAMPA FL 33611

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90010 045 ***150.00



1 1007/1004 IND 10110 AIRIN 88111 88111 80114		(18186 (1911) (1918) (1918) (1919)	
DO NOT WRITE	IN THI	S SPACE	
Date Incorporated or Qualifed	. ,	į.	
11/08/1996			
FEI Number		Applied For	
59-3429649		Not Applicable	
Certificate of Status Desired		\$8.75 Additional Fee Required	
Election Campaign Financing		\$5.00 May Be	

Country	This corporation owes the current year Intangible					
•		Personal Property Tax.		☐ Yes	□No	
	·	10. Name and Addres	ss of New Register	ed Agent		
81	Name			5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
82	Street Addres	s (P.O. Box Number is	Not Acceptable)	i designa i i	No.	
83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
84	City	a at 16 20 215 4	चै प्रोप्ता होसेल चेर ेले हेर्ने हेर्ने ह	85 Zi	Códe	

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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 of 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

City

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agent. I a	n familiar with, and accept the obligations of, Section 607.0505, Florid	a Statutes.		01-12.99
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature require	ed when reinstating) ([()]	DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO C	FFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	550 CF32-4	☐ Change ☐ Addition
NAME	ALI, PARVEZ	1.2 NAME		
STREET ADDRESS	3320 W WISCONSIN AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611	1.4 CITY-ST-ZIP		
TITLE	D DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME	ARFIN, SULTAN-UL	2.2 NAME		
STREET ADDRESS	3320 W WISCONSIN AVE	2.3 STREET ADDRESS		,
CITY-ST-ZIP		2.4 CITY-ST-ZIP	24 S V S	
TITLE	TAMPA FL 33611	3.1 TITLE	•	☐ Change ☐ Addition
NAME (A)	Service Control of the Control of th	3.2 NAME		
CTDCCT ADDDESS	ye laggerate en	3.3 STREET ADORESS	1.446.500.000	7.00 July 12 共和国的高级特别的主题特别。
CITY-ST-ZIP	PARISON I	3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE	् १६ फार १६ के रहा १६ र	Change : 13 Addition
		4. 2 NAME	,	
NAME STREET ADDRESS		4.3 STREET ADDRESS	•	•
CITY-ST-ZIP		4.4 CITY+ST-ZIP	<u> </u>	<u> </u>
TITLE	☐ DELETÉ	5.1 TITLE		, Change Addition
NAME		5.2 NAME	1. 10 mg th The	
STREET ADDRESS	•	5.3 STREET ADDRESS		
CITY-ST-ZIP	Ŭ · · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP	9.0 PM	
TITLE	A. Feethid □ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	300 TO NOTE NOTE AND THE STATE OF THE STATE	6.2 NAME		
STREET ADDRESS	TANKS TO THE	6.3 STREET ADDRESS	•	•
SIRECI ADDRESS	e,	0.4.0TD/.OT.78D		

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:

01-12.99

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