

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90088 033 ***150.00

DOCUMENT # P97000004644

1. Corporation Name
RICH SOLES, INC.

Principal Place of Business
5488 TOUCHSTONE DR.
INTERNATIONAL DRIVE, VALUE CENTER
ORLANDO FL 32819

Mailing Address
5488 TOUCHSTONE DR.
INTERNATIONAL DRIVE, VALUE CENTER
ORLANDO FL 32819



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1997

4. FEI Number
59-3427341

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAN, KHURSHED
6045 OAKBEND ST. STE 12101
ORLANDO FL 32835

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Katherine Harris

4-27-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME JAN, FAROOQ
STREET ADDRESS 6045 OAKBEND ST. STE 12101
CITY-ST-ZIP ORLANDO FL 32835

1.1 TITLE P/V/M ☒ Change ☒ Addition
1.2 NAME JAN, FAROOQ
1.3 STREET ADDRESS 5488 TOUCHSTONE DR
1.4 CITY-ST-ZIP ORLANDO, FL 32819

TITLE D ☐ DELETE
NAME JAN, KHURSHED
STREET ADDRESS 6045 OAKBEND ST. STE 12101
CITY-ST-ZIP ORLANDO FL 32835

2.1 TITLE S/T ☒ Change ☒ Addition
2.2 NAME JAN, KHURSHED
2.3 STREET ADDRESS 5488 TOUCHSTONE DR
2.4 CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE D/C ☐ Change ☒ Addition
3.2 NAME IQBAL, TARIQ
3.3 STREET ADDRESS 5482 TOUCHSTONE DR
3.4 CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 with an address, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

407-3450001

Daytime Phone #

CR2E034 (11/98)

0100613