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 # P9700009062

1. Corporation Name OZKAYA INC

V2	N.	111	٦,	11.	y.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90039 038 ***150.00

Principal P ace	e of Business	Mailing Address		11001			•		
619 ORTON AV									
SUITE 203 203 FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33334				DO NOT WRITE IN THIS SPACE					
FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 3339.4 US US			3. Date Incor	3. Date Incorporated or Qualifed					
1				01/24/1					
2. Principal P	lace of Business L	r 2a, Mailing Address ✓		4. FEI Numb			Apr	lied For	
21 2500	lace of Business DWCDMMERCALE	450 NOONC	DMMERCIAG	65-0732	2759		Not	Applicable	
Suite, Apt.	#, etc. 2-48	Suite, Apt. #, etc.	154	5. Certifcate	of Status Desired		\$8.75 A Fee Re		
City & State	SELHILL	City & State DERH	WI	I	Campaign Financing d Contribution		\$5.00 h Added to	,	
Zip ,-	Country	Zip	Country	8. This corpo	oration owes the curre	ent year inta	angible		
24	L 25 33219	29 [3	<u> </u>	<i>1</i>	Property Tax.			XNo_	
	9. Name and Address of Current	Registered Agent		10. Name an	d Address of New R	egister d /	Agent		-
			81 Name						
	AYA, NURHAN	11000000000	82 Street A	Address (P.O. Box Ni	umber is Not Accepta	ble}			1
	N.W: 88TH AVENUE 750	o WCDIMERCO	140						-
~ I≯tM	ARAC FL 39321	151-01)	83						İ
	LAU	O WCOMMERCIAL BLUD DERHILL, FL33	3(9) 84 City				85 Zip C	ode	1
						<u> </u>	<u> </u>		4
l office ⊕rr	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	∍t Flonda. Such change was ∃uti	norizea by the corpo	corporation submits t ration's board of dire	his statement for the ctors. I hereby accep	purpose of t the appoir	changing its itment as reç	istered	
SIGNATUFE									_
	Signature, typed or printed name of registered agent		egistered Agent signature re		S/CHANGES TO OFF	DATE	D DIRECTO	DS IN 12	- 66
12.	OFFICERS ANI	DELETE	13.	ADDITION	S/CHANGES TO OFT	ICLING AN	Change	Addition	(11/98)
TITLE	D D	- OLLETE	12 NAME		-				
NAME	OZKAYA, NURHAN 619 ORTON AVENUE, #203		1.3 STREET ADDRESS	1839 M	IDDLE RIL	IER I) R 74	VO1	
STREET ADDRESS	FT. LAUDERDALE FL 33304		1.4 CITY-ST-ZIP	FTLAU	DERDALE	FU	3 <i>330</i>	5	CR2E034
CITY-ST-ZIP TITLE	FI. LAUDENDALE FL 33304	DELETE	2.1 TITLE	<u> </u>			Change	Addition	"5
		_ =====	2.2 NAME						
NAME			2.3 STREET ADDRESS						
STREET ADDRESS			2.4 CITY-ST-ZIP						1
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TiTLE				Change	Addition	1
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
			34 CITY-ST-ZIP						
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE				Change	Addition	1
NAME	}		4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
1			4 4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	<u> </u>	DELETE	5.1 TITLE				Change	Addition	1
NAME		_	5.2 NAME						
STREET ADDRESS			- 53 STREET ADDRESS	.			· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP			5.4 CITY-ST-ZIP]
TITLE		☐ DELETE	6.1 TITLE				Change	Addition]
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP						

Thereby certify that the information supplied with this filing does not qualify fir 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, open an attachment with an address, with all other like empowered.

G OFFICER OR DIRECTOR