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

PROFIT CORPORATION ANNUAL REPORT

1998

22

23

24

Zip

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000043482 (3)

Country

9. Name and Address of Current Registered Agent

25

NABI, ABDEL K 1421 8 HOWARD AVE

	ncipal Place of Business	Mailing Address
	1421 & HOWARD AVE TAMPA FL 33606	1421 S HOWARD AVE TAMPA FL 33606
ncipal Place of Business 2a. Mailing Address	ncipal Place of Business	2a. Mailing Address

28

29

City & State

Zip

3. Date Incorporated or Qualified 05/13/1997 Applied For -3450044 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ No Personal Properly Tax due June 30. 10. Name and Address of New Registered Agent

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

DO NOT WRITE IN THIS SPACE

FILED

Jan 27 1998 8:00am

Secretary of State

TAMPA FL 33606 83 City 85 Zip Code

30

Country

82

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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TOTAL 1.2 NAME ARDEL K NARE STREET ADDRESS 1.3 STREET ADDRESS 421 HOWARDAM 1. TPa- 23 60 CITY - ST - ZIP 1.4 CHTY-ST-ZIP TITLE 21 TITLE Change __ Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

14. Thereby 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 trusted 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.

6.4 CITY - ST- ZIP

CITY-ST-ZIP