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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000046748 (4)

FILED Jul 09 1998 8:00am Secretary of State

VOLUS	SIA MART INC			
Principal Plac	ce of Business	Mailing Address		
3541-A FOREST BRANCH DRIVE 3541-A FOREST BRANCH PORT ORANGE FL 32119 PORT ORANGE FL 32119			H DRIVE	
		•		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
	•			05/23/1997
2. Principal f	Place of Business	2a, Maiting Address	- <del> </del>	4. FE! Number Applied For
21		26		59-3483360 Not Applicable
Suite, Apt	. #, etc.	Suite, Apl. #, etc.		\$ Contitional of Status Desired \$8.75 Additional
22		27		Fee Required
City & Sta	10	City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28     Z <sub>I</sub> p	Country	Trust Fund Contribution Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No
<u> </u>	Name and Address of Currer		130	10. Name and Address of New Registered Agent
· 09	STA, ABE		81 Name	
3541-A FOREST BRANCH DRIVE PORT DRANGE FL 32119			82 Street	Address (D.O. Dr. Mumber in Nat Assentable)
			62 Sirect	Address (P.O. Box Number is Not Acceptable)
	•		83	
	_		84 City	B5 Zip Code
	•		D-4 City	FL 165 Zip code
12.	Signature typod or protect in the Arey steading of FICE RS AN	D DIRECTORS  DELETE	IL: Registered Agent signatur  13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ibrahim m. OSTA		1.1 TITLE	Change Additio
NAME STREET ADDRESS	35VI A FOREST Bran	ned Davis	1.2 NAME	}
CITY-\$T-ZIP	Port Orange to	* * * * * * * * * * * * * * * * * * *	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE	TVV OVERGE 4	DELETE	2.1 TITLE	Change Additio
NAME	{	<del>-</del>	2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	: ;
CITY-ST-ZIP	<u></u>		2. 4 CITY-\$1-ZIP	,
TITLE	N N	☐ DELETE	3.1 TITLE	☐ Change ☐ Additio
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	[
CITY-ST-ZIP		Dr. FFE	3.4. C(TY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP TITLE	-	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME		المالين المالي	5.2 NAME	C onlings C reduition
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	000002583920 🐠
STREET ADDRESS			63 STREET ADDRESS	-07/09/9801018036 ), \\
CITY - ST - 7IP	1		6.4 CiTY - ST - 7IP	***300.00

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 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.