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 # P97000052148

1. Corporation Name

JULLAND INDUSTRIES, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90083 018 ***150.00



Principal Place	e of Business	Mailing Address	•			1 1001	1801 III IBII IBB		i) #8151 4810 1	#116# 11##1 (##1)	#1881 (81) (80)	
3333 W ATLANTIC BLVD UNIT 35 UNIT 35							DO NO	T W/DI1	E IN THIS	SPACE		
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069					<u> </u> -	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
					'	06/12/1	-					
a Principal Pl	ace of Business	2a, Mailing Address				4. FEI Numb				- Ac	oplied For	
21 7000			l li	sin &	Sun	65-076		,		_ 	ot Applicable	
Suite, Apt. 1		Suite, Apt. #, etc.		<u> </u>			of Status De	sired			Additional equired	
City & State	Rendes FC			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees								
Zip	ountry	,		8. This corp	oration owes	the curre	ent year Int	angible				
24 330					Property Tax			☐ Yes	X No			
9. Name and Address of Current Registered Agent					1	g. Name an	d Address o	f New R	egistered	Agent		
. 81					Name MUNIR HIMAD							
FILINGS, INC.							umber is Not		ble)			
3732 N.W. 16TH STREET				ሃር	00	KoyAc	MACI	<u>n /</u>	our	VALO		
F1. L	AUDERDALE FL 33311-4132		83									
			84	160	RAL	SPR	INGS		FL	- 33	Code Ø6≶	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was author	zea by	tne comoi	corporat oration's	ion submits to board of dire	his statemen ectors. I herel	for the by accept	purpose of t the appoi	changing its intment as re	s registered egistered	
SIGNATURE								١ /٢	7/7	ን	}	
SIGNATURE	Signature, typed or printed name of registered agent a		ered Age	nt signature rec	quired whe				DATE '			
12.	OFFICERS AND		3		-n-		S/CHANGES	TO OF	FICERS AN	D DIRECTO Change	DRS IN 12 Addition	
TITLE	D .	_	1 TITLE		γ.	STU	f			Change	Addition	
NAME	AHMAD, MUNIR		2 NAME		Λ.	0.	00	,	4. 0		}	
STREET ADDRESS	3333 W ATLANTIC BLVD, UNIT 3			TADDRESS	400	o roy	al 14 SPR(n)	nm	עטע	, 2	1-	
CITY-ST-ZIP	POMPANO BEACH FL 33069		4 CITY-S	IT-ZIP	40	MAC	SPK(N	<u>C</u> P	R	Change	Addition	
TITLE			1 TITLE									
NAME	<u>.</u>		2 NAME									
STREET ADDRESS				TADDRESS						•		
CITY-ST-ZIP			4 CITY-5 1 TITLE	ST-ZIP						Change	Addition	
TITLE	,											
NAME			2 NAME	T ADDRESS							ļ	
STREET ADDRESS											ĺ	
CITY-ST-ZIP			4, CITY-5 1 TITLE	31-41						Change	Addition	
TITLE			2 NAME	1						- ·	_	
NAME [T ADDRESS								
STREET ADDRESS			4 CITY-5									
CITY-ST-ZIP TITLE			1 TITLE	>1°ZII						Change	Addition	
	•		2 NAME									
NAME STREET ADDRESS				TADDRESS								
CITY-ST-ZIP			4 CITY-S									
TITLE	1		1 TITLE	+					_	Change	☐ Addition	
NAME	•		2 NAME						-			
STREET ADDRESS		6	3 STREE	T ADDRESS								
CITY-ST-ZIP			4 CITY-S		ı						į	

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 suppliemental 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 shall per or name and address, with all other like empowered.

SIGNATURE: