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

DOCUMENT # P97000061423

AMIN &	KHALED #5, INC.												
Principal Plac	e of Rusiness		Mailing Add	ress						1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 18			
RT 6 BOX 130 RT 6 BOX 130													
QUINCY FL 32351 QUINCY FL 32351												_	
										ITE IN THIS S	SPAC	E	
								•	Date Incorporated or Qualifec 07/15/1997	1			
2. Principal P	face of Business	2a	. Mailing A	Address					FEI Number			Ap	plied For
21		26						1	59-3468338		<u> </u>		t Applicable
Suite, Apt.	#, etc.	\vdash	Suite, Ap	ot. #, etc.				5.	Certificate of Status Desired				Additional
22		27	0	 	_								quired
City & State	•	Н	City & S	tate				6.	Election Campaign Financing				May Be
23	Carratan	28	71-	-	Causta			 	Trust Fund Contribution				o Fees
Zip					Country	,		8.	This corporation owes the cur Personal Property Tax.	-	ngible Ye		₩No
24	9. Name and Address of Current	29	stored Age		U			10	Name and Address of New				<u> </u>
	3. Name and Address of Current	Negi	stereu Agr	511L	81	Ti	Name	10.	Traine and Address of tea	registeres A	gent		
ABE	L AMIN												
5367-DAWN COURT #A					82	\$	Street Addre	ss (P	O. Box Number is Not Accep	table)			
TALLAHASSEE FL 32303						i							
					84	1	City			FL	85	Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and f	607.1508, 1	Florida Statutes,	, the above	e-n	named corpo	ration	submits this statement for the	e nurpose of o	hang	ng its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Flori	ida. Such d	hange was auth	norized by	the	e corporation	n's bo	eard of directors. I hereby acce	ept the appoin	tment	as re	gistered
SIGNATURE	The latting with and doops the obligation	0,10 0,	,, 000	, , , , , , , , , , , , , , , , , , , ,									
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable.	(NOTE: Re	egistered Ager	nt si	ignature required			DATE			
12.	OFFICERS AND) DIR			13.			A	ADDITIONS/CHANGES TO O	FFICERS AND	_		
TITLE	D		Į.	DELETE	1.1 TITLE							ange	Addition
NAME	ABEL, AMIN				1.2 NAME								
STREET ADDRESS	5367 DAWN COURT #A				1.3 STREET	TAD	DDRESS						
CITY-ST-ZIP	TALLAHASSEE FL 32303				1.4 CITY-S	T-Z	ZIP .						
TITLE			[☐ DELETE	2.1 TITLE						☐ C	iange	Addition
NAME					2.2 NAME								i
STREET ADDRESS					2.3 STREET	TAD	DORESS						i
CITY-ST-ZIP					2. 4 CITY-S	ST-Z	ZIP						
TITLE			(DELETE	3.1 TITLE						Cr	ange	☐ Addition
NAME					3.2 NAME								
STREET ADDRESS					3.3 STREET	TAD	DDRESS						
CITY-ST-ZIP					3.4 CITY-S	ST-Z	ZIP						
TITLE	•			OELETE	4.1 TITLE		i				☐ Ct	ange	☐ Addition
NAME					4. 2 NAME								
STREET ADDRESS					4.3 STREET	TAD	DDRESS						
CITY-ST-ZIP					4.4 C/TY-S	T-Z	OP						
TITLE				_) DELETE	5.1 TITLE							lange	☐ Addition
NAME					5.2 NAME								
STREET ADDRESS					5.3 STREET	TAD	DDRESS						1
CITY-ST-ZIP					5.4 CITY-\$	T-ZI	ne						

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 original like suppowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition

FILED

05-07-1999 90077 037 ***150.00

May 07, 1999 8:00 am Secretary of State