Applied For Not Applicable **\$8.75** Additional

## 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

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90131 005 \*\*\*150.00

DOCUMENT #	P97000075675
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1. Corporation	MENT # P9700 CORPORATION	0075675							
Principal Plac	ce of Business	Mailing Address					#14    <b>           </b>	# 101111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3001 NORTH OCEAN BOULEVARD FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308				DO NOT WRITE IN T	HIS SPACI	E			
						3. Date I reorporated or Qualifed 09/02/1997			
2. Principal I	2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
21	•	26				65-0792779		Not Applicab	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sita	ate	City & State	<b>⊢</b> ′		6. Electic n Campaign Financing Trust I-fund Contribution	\$5.00 May Be Added to Fees			
Zip Zip	Country 25	Zip	Country			This corporation owes the current year     Personal Property Tax.	r Intangible		
	9. Name and Address of Cur					10. Name and Address of New Registe	ed Agent		
SHAH, SYED T 3001 NORTH OCEAN BOULEVARD FORT LAUDERDALE FL 33308			81 82 83	Name Street Aid	dress (P.O. Bo ( Number is Not Acceptable)				
101	TI EAUDENDALE IE 30300			83					
				84	City		L 85	Zip C ode	
office or	t to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	te of Florida. Such change i	was autho	orized by	the corporat	poration submits this statement for the purpos- tion's board of directors, I hereby accept the ap-	of changing of cha	ng its registered as registered	
SIGNATURE						red when reinstating DATE			
	Signature, typed or printed n. me of registered	· · · · · · · · · · · · · · · · · · ·			t signature requi	ADDITIONS/CHANGES TO OFFICERS		ECTORS IN 12	
12.	P	AN ⊃ DIRECTORS  ☐ DELE		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICER	□ Ch		
TITLE	1.		, _	1.2 NAME			<u></u> 9	<b>J</b>	
	NAME SHAH, SYED T				: 4000500				
STREET ADDRESS	1			1.3 STREET					
CITY-ST-ZIP	FORT LAUDERDALE FL 3330	<u></u>		1.4 CITY-ST	-212				

85 Zip Code FL purpose of changing its registered of the appointment as registered DATE FICERS AND DIRECTORS IN 12 Change ☐ Addition ☐ Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE DUGAN, WASIM 2.2 NAME NAME **807 PINE STREET** 2 3 STREET ADDRESS STREET ADDR :SS ORLANDO FL 32824 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITĹE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDR :SS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change □ DELETE 6.1 TITLE ☐ Addition TITLE

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i). Florida Statutes. I further pertify 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 other like empowered.

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CR2E034 (11/98)