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May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90134 044 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000092263

1. Corporation Name

OWALI & SHARMA, INC.

Principal Place of Business

1500 E. SAMPLE ROAD  
POMPANO BEACH FL 33064

Mailing Address

1500 E. SAMPLE ROAD  
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

65-0788717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1500 E Sample Rd.

Suite, Apt. #, etc.

22

City & State

23 pompano Bch

Zip

Country

24 25 Florida

2a. Mailing Address

26 1500 E Sample Rd.

Suite, Apt. #, etc.

27

City & State

28 Pompano Bch

Zip

Country

29 33064 30 Florida

9. Name and Address of Current Registered Agent

SHARMA, KARTIC P  
1500 E. SAMPLE ROAD  
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FAZLE OWALI, MOHAMMED  
STREET ADDRESS 1400 N.E. 56TH STREET, #206  
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE VPD ☐ DELETE

NAME SHARMA, KARTIC P  
STREET ADDRESS 1830 N.E. 48TH STREET #316  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D ☐ DELETE

NAME SHARMA, ADITI  
STREET ADDRESS 1830 N.E. 48TH STREET, #316  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D ☐ DELETE

NAME BUBUL, MINARA  
STREET ADDRESS 1400 N.E. 56TH STREET, #206  
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)