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

**PROFIT** 

1. Corporation Name

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90142 020 \*\*\*150.00

1999	N. S.
ANNUAL REPORT	
CORPORATION	

DOCUMENT # P97000096553 0C

Dringing Diag	o of Dusiness	Binition Address						
Principal Place	Sapmle Road	Mailing Address	00110		ļ			
	o Beach, FL 33064	422, 1st Av		1 E				
rumpan	0 Beach, 12 33004	Nightdale,N	16 2/5	4 D	DO NOT WRI	TE IN THIS	SPACE	
					3. Date Incorporated or Qualifed			-
					11/12/1997			
	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
1 924 E	Sample Road	26 422, Ist A	venue		65-0798639		. N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional
2		27		· ·			Fee R	equired
City & Stat		City & State			6. Election Campaign Financing		•	May Be
3 Pompa	no Beach, Florida Country	28 Nightdale, N	Country	Caroli				to Fees
Zip 4 33064			Country		8. This corporation owes the curr	ent year Inte	angible Yes	<b>X</b> ]No
1 33004	9. Name and Address of Current		301		Personal Property Tax.  10. Name and Address of New F	Pagistared		(A) NO
		, , , , , , , , , , , , , , , , , , ,	81	Name	TV. Halle and Addless of New I	registered i	- Harrie	
	ING, INC.							
	2 N.W 16TH STREET		82	Street Addre	ss (P.O. Box Number is Not Accepta	ible)		
FŤ.	LAUDERDALE, FL 33	311-4132	83					
	•							
			84	City			85 Zip	Code
14 Durauant	to the provisions of Sections 607.0502	and 607 4500. Florida Statuta				FL		rogistered
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut ons of, Section 607.0505, Florida ons of, Section 607.0505, Florida	thorized by th da Statutes.	e corporation	n's board of directors. I hereby accep	the appoir	ntment as re	egistered
SIGNATURE								
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent s	ignature required t	when reinstating)	DATE		
	Signature, typed or printed name of registered agent a OFFICERS AND		tegistered Agent s	ignature required s	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12
12.				D	ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12
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12. ITLE	OFFICERS AND D Saleem, Amjad 422,1st Avenue	DIRECTORS  DELETE	13. 1.1 TITLE	D Ch	attha, N. A 2,1st Avenue	FICERS AN		
I 2. ITLE IAME TREET ADDRESS	OFFICERS AND D Saleem, Amjad	DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME	D Ch	additions/Changes to of	FICERS AN		(X) Addition
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04-06-99