

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 # P98000044592

1. Corporation Name
FAWAD, INC.

Principal Place of Business
3700 CURRY FORD ROAD
UNIT #X32
ORLANDO FL 32806

Mailing Address
3700 CURRY FORD ROAD
UNIT #X32
ORLANDO FL 32806

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90015 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1998	Applied For Not Applicable
4. FEI Number 59-3512586	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 750 S. ORANGE BLOSSOM TRL Suite, Apt. #, etc. 22 SUITE # 225 City & State 23 ORLANDO FL Zip 24 32805	2a. Mailing Address 26 750 S. ORANGE BLOSSOM TRL Suite, Apt. #, etc. 27 SUITE # 225 City & State 28 ORLANDO FL Zip 29 32805	Country 30 USA
---	--	-------------------

9. Name and Address of Current Registered Agent

ARIF, FAWAD M
3700 CURRY FORD ROAD
UNIT #X32
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ARIF, FAWAD M	1.2 NAME	
STREET ADDRESS	3700 CURRY FORD ROAD UNIT #X32	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	ABID, ABDUL A	2.2 NAME	
STREET ADDRESS	3700 CURRY FORD RD., UNIT #X32	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGN/ARIF, FAWAD M
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/99

Date

(407) 296-2701

Daytime Phone #

CR2E034 (11/98)