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 # P98000046732 1. Corporation Name

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

02-22-1999 90051 042 ***150.00

NAFT, INC.						
Principal Place of Business	Mailing Address			1 001 000	01010 011(11065)	((IE) (1 5)
1575 LAWNDALE CIRCLE 1575 LAWNDALE CIRCLE				ļ		
WINTER PARK FL 32792 WINTER PARK FL 32792						
				DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed		
	a Maille Add-na			05/22/1998 4. FEI Number	Anı	plied For
Principal Place of Business 2a. Mailing Address				59-35/1673		t Applicable
21					\$8.75 A	
Suite, Apt. #, etc.	27 Suite, Apr. #, 810.			5. Certificate of Status Desired	Fee Rec	
City & State	City & State			6. Election Campaign Financing	\$5.00	May Re
23 28				Trust Fund Contribution	Added to	•
Zip Country Zip		Country		8. This corporation owes the current year In	tangible	
24 25	29 3	0		Personal Property Tax.	☐ Yes	□No
9. Name and Address of Curren				10. Name and Address of New Registered	Agent	
01.4514.15115		81	Name			
CLARK, JOHN		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
4 911 SOUTH PARSONS AVENUE				,	_	
BRANDON FL 33511		83				
4		84	City		85 Zip C	
11. Pursuant to the provisions of Sections 607.050			\ '	Fl	_	
agent. I am familiar with, and accept the obligation of the state of t				red when reinstating) DATE		
12. OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE PROS.	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME KHOSROW AL	ASVANDIAN	1.2 NAME				
STREET ADDRESS 1575 LAWNO	qui cir.	13 STREE	T ADDRESS			
CITY-ST-ZIP WINTER PARK	12 32792 □ DELETE	1,4 CITY-S	T-ZIP			Addition
TIPLE VICE PIES	☐ DELETE 2.1 T				☐ Change	
NAME TOVID OWIL	Javid OWI TIEMS COVE					
STREET ADDRESS 104 Shell 10	- C· —	2.3 STREE	TADORESS			
CITY-ST-ZIP Winter Spin	winter springs LL 32708		ST-ZIP		Change	Addition
NAME KHOSROW OWSE						
Internal Chance Rive	1	3.2 NAME				
Lucator Spanas	E(n 32708	1	T ADDRESS			
	CSCUI. □DELETE	3.4. CITY-5 4.1 TITLE	ST-ZIP		☐ Change	Addition
THE BREEF Tres. Tre	A V D V DE P	4. 2 NAME	ì			_
NAME SONEYLA NAM	CWICKALI		T ADDRESS			
STREET ADDRESS 1236 Rofal O	ak 2208					
TITLE	1 = (m 32708 □ DELETE	4.4 CITY-S 5.1 TITLE	11-218		Change	☐ Addition
		5.2 NAME			•	_
NAME STREET ADDRESS			T ADDRESS			
STREET ADDRESS		5.4 CITY-S				
CITY-ST-ZIP	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME		6.2 NAME			-	
STREET ADDRESS		6.3 STREE	T ADDRESS			
CITY_CT_7IP		6.4 CITY-S	T-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 and ownered.

1407)366-0062