PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90042 049 ***150.00

DOCUMENT # P98000074054

1. Corporation Name

CONDOR PROPERTIES GROU	

Prin	cipal Place o	of Business
1201	CORNWALL	ROAD

Mailing Address

1201 CORNWALL ROAD SANFORD FL 32773

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SANFORD FL 32773 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/25/1998 Applied For 2. Principal Place of Business 11 1301 W 25 th STREET 2a. Mailing Address 4. FEI Number 59-3529815 1201 CORNWALL ROAD Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certifcate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing SANFORD FLORIDA SANFORD FLORIDA Trust Fund Contribution Added to Fees 28 8. This corporation owes the current year Intangible Country 32773 Personal Property Tax. U. 29 30 24 3277 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KARIM, NAJMUL **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code 32 773 84 SANFORD

11. Pursuant to the provisions of Sections 607 05\$2 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. سا KARIM MAJMUL SIGNATURE Signature, typed or printed name of re (NOTE: Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition □ DELETE 1.1 TITLE TITLE ABDULHUSSEIN, GULAMABBAS 1.2 NAME NAME 1201 CORNWALL ROAD 1.3 STREET ADDRESS STREET ADDRESS SANFORD FL 32773 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ſ"] DELETE 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 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE 6.2 NAME NAME 6.3 STREET ADDRESS 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 of 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 or an attackment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

REQUERE RINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034.(1.1/98)