

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY -1 PM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
Division of CORPORATIONS

DOCUMENT # **S40309** (4)  
1. Corporation Name  
**H & S REALTY & PROPERTY INC.**

Principal Place of Business: P O BOX 273941 TAMPA FL 33688  
Mailing Address: P O BOX 273941 TAMPA FL 33688

2. Principal Place of Business: 21 State Apt # etc. 22 City & State. 23 zip. 24  
2b. Mailing Address: 26 State Apt # etc. 27 City & State. 28 zip. 29  
30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1991** 3a. Date of Last Report: **08/23/1994**

4. FEI Number: **59-3049027** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**GHANNAD, HAMID  
16218 FANTASIA DRIVE  
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GHANNAD, HAMID
STREET ADDRESS	16218 FANTASIA DR
CITY, ST, ZIP	TAMPA FL
TITLE	D
NAME	GHANNAD, SHAHNAZ
STREET ADDRESS	16218 FANTASIA DR
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or its 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 not and in alignment with an address.

SIGNATURE: *Hamid Ghannad*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 813-963 0129  
Date Initials