CORF ANNU	PROFIT PORATION AL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCUN 1. Corporation SPEEC			(8)						
Principal Place of Business 7041 GRAND NATIONAL DR. SUITE #131 ORLANDO FL 32819 US		Mailing Address 7041 GRAND NATIONAL DR. SUITE #131 ORLANDO FL 32819 US			3. Date Incorporated or Qualifie	3a. Dat	e of Last 05/01/	Report	
2. Principal Place	ce of Business	2a. Maling 26	Address			4. FEI Number 59-3070564			Applied For Not Applicable
Suite, Apt. #.	, etc.	Suite, <i>P</i>	φt. #, etc.			5. Certificate of Status Desired			5 Additional
City & State		City & \$	State			6. Election Campaign Financing Trust Fund Contribution		\$5.0	UU May be led to Fees
Ζφ 24	Country 25	Ζ _I ρ		30 Co	untry	8. This corporation has liability for Florida Statutes	or intangible t es	ax under :	s 199 032,
	9. Name and Address of Cu	rrent Registered A	gent		81 Name	10. Name and Address of New	Registered	Agent	
100 CH KISSIMM	JOHN B. URCH STREET MEE FL 34741 The provisions of Sections 607.0 d agent, or both, in the State of I, and accept the obligations of, 8	Florida, Such chance	was authorize	s, the ab	83 84 City	Address (P.O. Box Number is Not Accept orporation submits this statement for the p board of directors. Thereby accept the ap	FL.	anging its	Zip Code registered office ad agent, I am
SIGNATURE	ignature. Igned or printed name of registered	·		E. Bourstone	LAdeot saicatas r	The process where one status	DATL		
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO O	FFICERS AND		
NAME STREET ADDRESS	P KHAN, FRAZAL RAHIM 2713 BURWOOD AVE. ORLANDO FL	Da	C DELETE	12M 135	MILE IAME TPEET ADDRESS		1	Change	e 🔲 Addition
CITY-S1-ZIF TITLE	D) DELETE	2.1	ITY+ST-ZIP ITUE	8/4/T/S/P/C/M]	Change	Addition
NAME STREET ADDRESS CITY - ST- ZIP	KHAN, FAZAL RAHIM 12051 TERRACE RIDGE ORLANDO FL	DR.			AME TREET ADDRESS If Y - ST - ZIP	KHAN, FAZAL RAHIM 12051 TERRACE RID ORLANDO FL	GE DR 3281	, a	
TITLE NAME STREET ADDRESS CITY-ST-ZIP) DELFTE	3 1 32 N 33 S	ITLE AME STREET ADDRESS	ORLANDOFL		Change	collubba [
TITLE NAME STREET ADDRESS] DELETE	4 1 42 N 43 S	AMÉ TREET ADDRESS			Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	5 1 5 2 N 5 3 S	ame Treet adoress		[Change	Addition
CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP	7, 40, -1) DELETE	61 62N 63S			[Change	Addition
certify that t oath; that I	the information indicated on this a am an officer or director of the co Block 12 or Block 13 if changes,	annual report or supp orporation or the rece or on an attachment	lemental annu iver or trustee with an addre	shed and a! report empowerss	does not qua is true and ac red to execut	aify for the exemption stated in Section 11 courate and that my signature shall have the this report as required by Chapter 607,	ne same legal Florida Statut	effect as es; and th	if made under nat my name