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Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S61773** (5)

1. Corporation Name
KAYMAN ENTERPRISES, INC.

Principal Place of Business
**MICKI'S HALLMARK SHOP
4016 S. SEMORAN BLVD.
ORLANDO FL 32822
US**

Mailing Address
**8980 ISLESWORTH CT
ORLANDO FL 32819-4819
US**



3. Date Incorporated or Qualified **06/24/1991** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
4. FEI Number **59-3077724** Applied For
Not Applicable

21. **MICKI'S HALLMARK SHOP** 26. Suite, Apt. #, etc.
22. **3942 S. SEMORAN BLVD** 27. City & State
23. **ORLANDO FL** 28. Zip
24. **32822** 25. **US** 29. **30**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**KIRMANI, MOBIN U
8980 ISLESWORTH COURT
ORLANDO FL 32819**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRMANI, MOBIN U	1.2 NAME	KIRMANI, FAISAL Z.
STREET ADDRESS	8980 ISLESWORTH CT	1.3 STREET ADDRESS	8980 ISLESWORTH CT
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRMANI, NAHEED	2.2 NAME	
STREET ADDRESS	8980 ISLESWORTH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **MOBIN U. KIRMANI** 1.8.97 (407) 380.0459

CR2E034 (9/96)