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 # \$77441

SARVARI CONSULTANTS, INC.

Principal Place of Business	
8422 SHADY GLEN DR. ORLANDO FL 32819	

Mailing Address

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90092 010 ***150.00



8422 SHADY GI ORLANDO FL 3		8422 SHADY GLEN DR. ORLANDO FL 32819			DO NOT WRITE 3. Date Incorporated or Qualifed 09/03/1991	E IN THIS S	SPACE		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	Applied For	
21	·	26			59-3086362			Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		• -	Additional Required	
City & State)	City & State			Election Campaign Financing Trust Fund Contribution			May Be d to Fees	
Zip	Country 25	Zip Country 29 30			8. This corporation owes the current year Intangible Personal Property Tax. No				
4+	9. Name and Address of Curr				10. Name and Address of New Re	gistered A	gent		
-			81	Name	•				
Sarvari, adeeb 8422 Shady Glen Drive				Street Add	Address (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 32819		83						
			84	City		FL	85 Zi	ip Code	
agent. I ar SIGNATURE	n familiar with, and accept the obli-	gations of, Section 607.0505, Florida S WT gent and title if applicable. (NOTE: Registe AND DIRECTORS 1	tatutes	i.	on's board of directors. I hereby accept ed when reinstating) - ADDITIONS/CHANGES TO OFF	DATE	29	TORS IN 12	
NAME STREET ADDRESS	Sarvari, Junaid 8422 Shady Glen Drive	1.	2 NAME	T ADDRESS				,,	
CITY-ST-ZIP	ORLANDO FL		4 CITY-S	T-ZiP			☐ Chang	e	
TITLE			1 TITLE					,	
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STREET ADDRESS			3 STREE 4 СПҮ-5						
CITY-ST-ZIP TITLE			1 TITLE	, 1 - 4-IΓ			Chang	ge Addition	
NAME			2 NAME						
STREET ADDRESS		3.	3 STREE	TADDRESS					
CITY-ST-ZIP			4. CITY-S	ST-ZIP				<u>=</u>	
TITLE		☐ DELETE 4.	1 TITLE				☐ Chanç	ge	
NAME			2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			4 CITY-S	T-ZIP	· New		☐ Chang	je 🗌 Addition	
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STREET ADDRESS		B.	4 CITY-S	ļ					
CITY-ST-ZIP			1 TITLE	-	4		☐ Chang	ge	
NAME		 -	2 NAME				_ '	_	
STREET ADDRESS		6.	3 STREE	TADORESS				ļ	
STREET ADDRESS			4 CITY S						

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 empowered.

SIGNATURE: