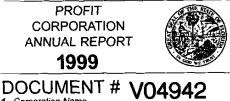
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90200 003 ***150.00

LAKHANI	ASSOCIATES, INC.		-								
Principal Place	of Business	Mailing Address					i iffiett Biteit fibitt anden imite mit	118 1187 91811 811	91) 616 11 91911 9		
3940 S W RIVERLAND ROAD FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312							DO NOT WRI	re in this :	SPACE		
						<u> </u>	3. Date Incorporated or Qualifed				J
							01/08/1992				
2. Principal Pl	ace of Business	2a. Mailing Add	ress			77	4. FEI Number		Apı	olied For	
21	**	26					65-0305680		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.				5. Certifcate of Status Desired		\$8.75 A		
22		27				ì	5. Certificate of Status Desired		Fee Re	quired	
City & State	•	City & State					6. Election Campaign Financing		\$5.00	Мау Ве	l
23		28					Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip		Country			8. This corporation owes the curr			_	
24	25	29	30				Personal Property Tax.			□No	ĺ
9. Name and Address of Current Registered Agent					, —	1	0. Name and Address of New F	Registered A	\gent		ļ
				81	Name						ĺ
	łani, habeeb			82	Street A	Address	(P.O. Box Number is Not Accepta	able)			١
3940 S W RIVERLAND ROAD				l							
FT. L	Auderdale Fl. 33312			83			_				
				84	City			FI	85 Zip C	ode	
				<u> </u>	L				honging its	romintorod	ļ
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such char	ide was authori	zeu ov	the corbo	corporation's	tion submits this statement for the board of directors. I hereby accep	ot the appoir	tment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if anninghia	(NOTE: Regist	ered Ager	nt signature re	ouired wh	en reinstating)	DATE			_
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AN	DIRECTO	RS IN 12	(44,00)
TITLE	D		ELETE 1	1 TITLE		-			Change	☐ Addition	1
NAME	LAKHANI, HABEEB	REFR		1.2 NAME							
STREET ADDRESS			.3 STREE	TADORESS		المتار متميين المتعدد			((50	
) !				4 CITY-S	T-ZIP						6
CITY-ST-ZIP			1 TITLE					Change	Addition	[
NAME	D Lakhani, Shabir	2.2 M		.2 NAME	ļ						
STREET ADDRESS			3 STREE	TADDRESS							
j j	· · · · · · · · · · · · · · · · · · ·		. 4 CITY-S	1	ı						
CITY-ST-ZIP	11. DAODENDALE 1			1 TITLE	<u></u>				Change	☐ Addition	1
NAME		_		2 NAME	j]
(I					TADORESS	ı					
STREET ADORESS			4. CITY-5							}	
CITY-ST-ZIP			.1 TITLE	71-417				Change	Addition	1	
TITLE	-		. 2 NAME	ļ					*		
TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE				T ADDRESS							
STREET ASSESSED.				1						}	
CITY-ST-ZIP				.4 CITY-S	1-214				Change	Addition	1
TITLE			I '	2 NAME					•	_	

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.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

SHABBIR CAKHANI

04/20/99 (954) 316-0388

Change

☐ Addition

= :::::