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

**PROFIT** CORPORATION ANNUAL REPORT

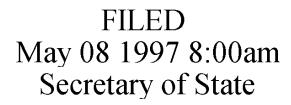
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 



|   | MENT # <b>V49754</b><br>NAN INC.   | (7)  |  |  | # <b>4.0</b> 00 <b>3.0</b> 00 8.900 0.000 0.000 0.000 0.000             |
|---|--|--|--|--|---|
| Principal Place of Business<br>16415 HIGHWAY 441 NORTH<br>OKEECHOBEE FL 34972 |  | Mailing Address 16415 HIGHWAY 441 NORTH OKEECHOBEE FL 34972-8574   |  |  |   |
|   |  |  |  | 3. Date Incorporated or Qualified 07/09/1992   | 3a. Date of Last Report<br>07/11/1996                                   |
|   | lace of Business   | 2a. Mailing Address  |  | 4. FEI Number  | Applied For   |
| Suite, Apt  | # etc  | Suite, Apt. #, etc.  |  | 65-0344747   | Not Applicable  \$8.75 Additional                                       |
| 22  |  | 27   |  | 5. Certificate of Status Desired   | Fee Required  |
| City & State  | $\epsilon$   | City & State   |  | 6. Election Campaign Financing   | \$5.00 May Be   |
| <b>Z</b> ip   | Country  | <b>28</b>  | Country  | Trust Fund Contribution  | Added to Fees   |
| 24  | 25   | 29   | 30   | This corporation has liability for<br>Florida Statutes   | r intangible tax under s. 199.032,                                      |
|   | 9. Name and Address of Curren  | t Registered Agent   |  | 10. Name and Address of New R  | egistered Agent   |
|   | , MAHER A.   |  | 81 Name  |  |   |
|   | IS HIGHWAY 441 NORTH<br>ECHOBEE FL 34972   |  | 82 Street Add  | ess (P.O. Box Number is Not Accepta  | ible)   |
| ONL   | COHODEL IL 34972   |  | 83   |  |   |
|   |  |  | 84 City  |  | 85 Zip Code   |
|   | The name of the state of the st |  |  |  | FL  |
| 11. Pursuant<br>office or r   | to the provisions of Sections 607,050<br>registered agent, or both, in the State   | 2 and 607.1508, Florida Statu<br>of Florida, Such change was   | ites, the above-named corp<br>authorized by the corporal | poration submits this statement for the ion's board of directors. I hereby acceptions                                      | purpose of changing its registered<br>ept the appointment as registered |
|   | im familiar with, and accept the obliga-   | ations of, Section 607.0505, F   | lorida Statutes.   |  |   |
| SIGNATURE   | Signature, typed or printed name of registered age   | nt and title if applicable (NC   | TE Registered Agent signature requi                      |  | DATE  |
| 12.   | OFFICERS AN  |  | 13.  | ADDITIONS/CHANGES TO OFF   |   |
| TITLE   | D<br>  Taji, Maher A.  | ☐ DELETE   | 1.1 TITLE  |  | Change Addition   |
| NAME<br>STREET ADDRESS  | 16415 HGWY. 441 NORTH  |  | 1.2 NAME<br>1.3 STREET ADDRESS                           |  |   |
| CITY - ST - ZIP   | OKEECHOBEE FL  |  | 1.4 CiTY-ST-ZIP  |  |   |
| TITLE   |  | DELETE   | 21 TITLE   |  | Change Addition   |
| NAME  |  |  | 22 NAME  |  |   |
| STREET ADDRESS  |  |  | 2.3 STREET ADDRESS                                       |  |   |
| DITY-ST-ZIP   |  | DELETE   | 2.4 CITY-ST-ZIP<br>3.1 TITLE                             |  | Change Addition   |
| NAME  |  |  | 3.2 NAME   |  |   |
| STREET ADORESS  |  |  | 3.3 STREET ADDRESS                                       |  |   |
| C(1)Y - S1 - 2(P  |  |  | 3.4. CITY-ST-ZIP   | · · · · · · · · · · · · · · · · · · ·  |   |
| THILE   |  | ☐ DELETE   | 4,1 TITLE  |  | L Change L Addition   |
| NAME<br>CTRCLL ASSOCIACE  |  |  | 4. 2 NAME 4.3 STREET ADDRESS                             |  |   |
| STREET ADDRESS<br>CHTY-S1-ZIP   |  |  | 4.4 CITY-ST-ZIP  |  |   |
| TITLE   |  | DELETE   | 5.1 TITLE  |  | Change Addition   |
| NAME  |  |  | 5.2 NAME   |  |   |
| STREET ADDRESS  |  |  | 5.3 STREET ADDRESS                                       |  |   |
| CITY - ST - ZiP   |  | DELETE   | 5.4 CITY-ST-ZIP  |  | Change Addition   |
| TILE<br>NAME  |  | ריו הנינוני  | 6.1 TITLE<br>6.2 NAME                                    |  | En enguiñe En voordou   |
| STREET ADDRESS  |  |  | 6.3 STREET ADDRESS                                       |  |   |
| CHY-ST-DE   |  |  | RACITY CT 710  |  |   |
| 14. I do herel  | by certify that the information supplied   | d with this filing does not qua  | ify for the exemption stated                             | in Section 119.07(3)(i), Florida Statut  | es. I further certify that the  |
| informatio<br>Lam an e<br>appears i   | or marcared on this armual report of sofficer or director of the corporation or in Block 12 or Block 13 if changed, of   | the receiver or trustee en the control of the contr | wer it to execute the repo                               | d in Section 1 to 07(3)(i), Florida Statut<br>my signature shall have the same be<br>t as required by Chapter 607, Florida | Statutes; and that my name  |

SIGNATURE:

SIGNATU SIGNATURE AND TYPED OR PRINTED