

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90295 093 \*\*\*\*\*8.75

05-06-1999 90295 094 \*\*\*150.00

**DOCUMENT # V62838**

1. Corporation Name  
**FLODAL CORPORATION**

Principal Place of Business

3201 S MAPLE  
SUITE 2  
SANTA ANA CA 92707  
US

Mailing Address

7744 BAY STREET  
SUITE 2  
SABASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1992

4. FEI Number

65-0365796

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax.



Yes

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERCHANT, NOOR M.**  
**7744 BAY STREET**  
**SUITE 2**  
**SABASTIAN FL 32958**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE  
NAME **MERCHANT, NOOR M.**  
STREET ADDRESS **7744 BAY STREET, STE. 2**  
CITY-ST-ZIP **SEBASTIAN, FL**

1.1 TITLE **P** ☐ Change ☒ Addition  
1.2 NAME **KHURSHID M. OONWALA**  
1.3 STREET ADDRESS **3201 S. Maple**  
1.4 CITY-ST-ZIP **Santa ana CA 92707**

TITLE **V** ☐ DELETE  
NAME **ALI, MUSTAG OONWALA**  
STREET ADDRESS **3201 SOUTH MAPLE**  
CITY-ST-ZIP **SANTA ANA CA**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **MERCHANT, SUKAYNA**  
STREET ADDRESS **830 RIVER TRAIL**  
CITY-ST-ZIP **VERO BEACH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MUSHTAQ ALI OONWALA (VP)**

Date

Daytime Phone #

CR2E034 (11/98)