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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600003437

KADIR E	RCUMENT BOLGAN, INC.								
Principal Place	e of Business	Mailing Address				1 100:100;	I BULII UBIIK UUKI U		I HIM IBBI IBBI
8499 S. TAMIAN		8499 S. TAMIAMI TR.							
STE. 268STE. 268									
SARASOTA FL 34238 SARASOTA FL 34238							RITE IN THIS	SPACE	<del></del>
						3. Date Incorporated or Qualif	ed		
						01/08/1996			_!:!
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				65-0707604		\$8.75	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	5. Certificate of Status Desired		Fee Re	1
22		City & State					<del></del>		·
City & State	e	— ´				<ol><li>Election Campaign Financial Trust Fund Contribution</li></ol>	<sup>rg</sup> 🗆	\$5.00 Added	
23 Zin	Country	Zip	Cour	ntrv			urrent vear lets		10 1 003
Zip	r <del>-</del> -n *	<u></u>	30	,		<ol><li>This corporation owes the of Personal Property Tax.</li></ol>	unen year me	Yes	□No
24	9. Name and Address of Currer	29	[30]			10. Name and Address of Ne	w Registered /	£3,	
	5. Name and Address of Ourier	it registered Agent		81 Name	フナ	- \ ( C)	1		
BOL	ant, Bulent		ļ		<b>1</b>	FOIN C. D	21246		
1	I S TAMIAMI TRAIL			82 Street	Addres	s (P.O. Box Number is Not Acce	eptable)	. Str	568
	ASOTA FL 34231		ł	83	7.	1 3, Million	77	<u> </u>	
5									
				84 City <u></u>	Sar	ASOTA	FL	85 Zip (	<b>2.</b> 3X
11. Pursuant	to the provisions of Sections 607 of egistered agent, or both, in the State	02 and 607.1508, Florida Statu	ites, the at	ove-named	corpora	ation submits this statement for the board of directors. I hereby ac	the purpose of	changing its	registered distered
office or n	egistered agent, or both, in the State im familiar with, and accept the obliga	ations of, Section 607.0505, Fl	lorida Statu	tes.	oradon	a board of directors. Thereby de		lan	g
						F 3.41			
SIGNATURE		thand title if soulicable (NOT	E Registered	Agent signature r	required wi	hen reinstating)	/ MARCH	/44	
				Agent signature r	required w		DATE OFFICERS AN	D DIRECTO	DRS IN 12
12.	OFFICERS AN	NOT DIRECTORS	13.		required wi	hen reinstating)  ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTO	DRS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.	Æ	required wi	ADDITIONS/CHANGES TO		Change	☐ Addition
12. TITLE NAME	D OFFICERS AN BOLGAN, KADIR E	ND DIRECTORS	13. 1.1 TITI 1.2 NAI	.E ME		ADDITIONS/CHANGES TO		Change	☐ Addition
12. TITLE NAME STREET ADDRESS	D BOLGAN, KADIR E 5201 S TAMIAMI TRAIL	ND DIRECTORS	13. 1.1 TITI 1.2 NAI 1.3 STF	.E ME REET ADDRESS	80	ADDITIONS/CHANGES TO		Change	☐ Addition
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CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

YPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/MARCH/99