

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F52802 (8)

1. Corporation Name
111 NORTH ORANGE INCORPORATED



Principal Place of Business 899 W. CYPRESS CREEK ROAD SUITE 317 FORT LAUDERDALE FL 33309 US	Mailing Address 899 W. CYPRESS CREEKROAD SUITE 317 FORT LAUDERDALE FL 33309 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/06/1981

4. FEI Number 58-1465279	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 3333 W. Commercial Blvd. Suite, Apt. #, etc.	26 3333 W. Commercial Blvd. Suite, Apt. #, etc.
22 111 City & State	27 111 City & State
23 Ft. Lauderdale, FL Zip Country	28 Ft. Lauderdale, FL Zip Country
24 33309 25 US	29 33309 30 US

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 _____ (NO. 11 Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSAMA EL-HADDAD	1.2 NAME	
STREET ADDRESS	899 W CYPRESS CREEK ROAD #317	1.3 STREET ADDRESS	3333 W. Commercial Blvd., Suite 111
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONG, MICHAEL C	2.2 NAME	
STREET ADDRESS	899 W. CYPRESS CREEK ROAD #317	2.3 STREET ADDRESS	3333 W. Commercial Blvd., Suite 111
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMEEL, MAGDI	3.2 NAME	
STREET ADDRESS	1 RUE DES GENETS	3.3 STREET ADDRESS	Monte Carlo, Monaco
CITY-ST-ZIP	MONTE CARLO, IL 00000	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELL, RICHARD C	4.2 NAME	
STREET ADDRESS	899 W. CYPRESS CREEK ROAD #317	4.3 STREET ADDRESS	3333 W. Commercial Blvd., Suite 111
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 in an attachment with an address.

SIGNATURE _____ **Richard C. Lovell** 4/17/98 954-377-2000

CR2E034 (10/97)