

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003738 (1)**

1. Corporation Name

**B&L HEALTH ENTERPRISES, INC.**



Principal Place of Business

1172 TWIN RIVERS BLVD  
OVEIDO FL 32765  
US

Mailing Address

1172 TWIN RIVER BLVD  
OVEIDO FL 32765  
US

3. Date Incorporated or Qualified  
**07/18/1994**

3a. Date of Last Report  
**04/18/1995**

2. Principal Place of Business

21 **1172 TWIN RIVERS BLVD**

Suite, Apt. #, etc.

22

City & State

23 **OVEIDO, FL**

Zip Country

24 **32765 USA**

2a. Mailing Address

26 **1172 TWIN RIVERS BLVD**

Suite, Apt. #, etc.

27

City & State

28 **OVEIDO, FL**

Zip Country

29 **32765 USA**

4. FEI Number  
**59-3267558**

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**BASSAM NASSER  
1172 TWIN RIVERS BLVD  
OVEIDO FL 32765**

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 607.0402 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 *Bassam Nasser*

(If the Registered Agent's signature is required after registration)

*Jan. 24, 1996*

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	NASSER, BASSAM I	
STREET ADDRESS	1215 TWIN RIVERS BLVD	
CITY, ST, ZIP	OVEIDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NASSER, LINDA S	
STREET ADDRESS	1215 TWIN RIVERS BLVD	
CITY, ST, ZIP	OVEIDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AYOUH, FAWWAZ I	
STREET ADDRESS	49 ALAFAYA WOODS BLVD #301	
CITY, ST, ZIP	OVEIDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AYOUH, FAIZ I	
STREET ADDRESS	49 ALFAYA WOODS BLVD #301	
CITY, ST, ZIP	OVEIDO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	AYOUH, FRARCOISE	
STREET ADDRESS	1215 TWIN RIVERS BLVD	
CITY, ST, ZIP	OVEIDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	AYOUH, KAMAL I	
STREET ADDRESS	1215 TWIN RIVERS BLVD.	
CITY, ST, ZIP	OVEIDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

*No longer associated with us*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Bassam Nasser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan. 24, 1996* 407-359-8663  
DATE TELEPHONE NUMBER

CR2E034 (12/95)