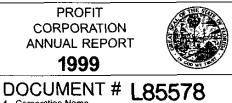
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DEMIRDJIAN ENTERPRISES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 10, 1999 8:00 am Secretary of State

05-10-1999 90160 039 ***150.00

				_				
Principal Place of Business Mailing Address								
1927 DREW STREET 1927 DREW STREET								
CLEARWATER FL 33765 CLEARWATER FL 33765						DO NOT WRITE IN THIS	SPACE	
US						3. Date Incorporated or Qualifed		
						07/09/1990		į
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	$ \Box$	Applied For
21 26						59-3016556		Not Applicable
<u> </u>		Suite, Apt. #, etc.					\$8.75	Additional
22 27						5. Certifcate of Status Desired	Fee F	Required
City & State City & State			~			6. Election Campaign Financing	\$5.0	0 May Be
23 28						Trust Fund Contribution	Adder	d to Fees
Zip			Country			8. This corporation owes the current year In-	angible	
24	25	293	10			Personal Property Tax.	Yes	⊠ No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent	
	IAOIRA DENAIDD HAN		8	11 N	lame			
HOVAGIM DEMIRDJIAN			8	2 8	Street Addre	ss (P.O. Box Number is Not Acceptable)		
1927 DREW STREET								
CLE	ARWATER FL 34625		8	3				
			8	14 0	City		85 Zi	p Code
					•	FL ration submits this statement for the purpose of	-	·
SIGNATURE	Signature, typed or printed name of registered ag			gent sig	nature required	when reinstating) DATE	- DIREC.	TODE IN 42
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AF	Change	
TITLE	PS HAN HOVACINA	☐ DELETÉ						, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
NAME	DEMIRDJIAN, HOVAGIM		1.2 NAME					
STREET ADDRESS			1.3 STRE					
CITY-ST-ZIP	CLEARWATER FL	☐ DELETE	1.4 CITY-		P		Change	e
TITLE		C DELETE	2.1 TITLE				oog.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME			2.2 NAM	_				
STREET ADDRESS	5 		2.3 STRE		ĭ			
CITY-ST-ZIP	 	☐ DELETE	2. 4 CITY 3.1 TITLE		IP .		[T] Change	e 🗀 Addition
TITLE		C actual	3.1 IIILE				9	
NAME			3.3 STRE		DDESS			
STREET ADDRESS	`[3.4. CITY					
CITY-ST-ZIP TITLE			4.1 TITLE		AIT.		Change	e Addition
	_			4.2 NAME				_
NAME STREET ADDRESS			4.3 STRE		DRESS			
STREET ADDRESS	7		4.4 CITY					
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 T!TLE		`		☐ Chang	e Addition
	1	_ 5552.5	5.2 NAM				_ •	
NAME STREET ADDRESS			5.3 STRE		ORESS			
STREET ADDRESS	3		5.4 CITY		1			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				Chang	e Addition
,			62 NAM		Ì		_ *	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

DEMIRDJIAN

727-442-3957