

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N41744 (6)
1. Corporation Name
AMERICAN LEBANESE ENGINEERING SOCIETY, INC.



Principal Place of Business: 3300 34TH STREET, 3RD FLOOR, ORLANDO FL 32805 US
Mailing Address: 3300 34 STREET, 3RD FLOOR, ORLANDO FL 32805 US

3. Date Incorporated or Qualified: **01/22/1991**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-3058418**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **HARB, A. TOM, 3300 34TH STREET, 3RD FLOOR, ORLANDO FL 32805**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANDAN, MOHAMAD A.R.	1.2 NAME	
STREET ADDRESS	539 ONE CENTER BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARB, AMINE	2.2 NAME	
STREET ADDRESS	7808 ROLLING RIDGE CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACHDAN, BOUTROS	3.2 NAME	
STREET ADDRESS	6028 WINDOVER DR #C	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBAALI, SAM	4.2 NAME	
STREET ADDRESS	612 GLENVIEW DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER GDNS FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMM, JEAN	5.2 NAME	
STREET ADDRESS	9932 SWEEPSTAKES LN #3	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARB, A. TOM	6.2 NAME	
STREET ADDRESS	9421 S ORANGE BLSM TR	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	6.4 CITY - ST - ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **2/1/96** 407 422 6761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)