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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32805-6613
US

3. Date Incorporated or Qualified 01/22/1991
3a. Date of Last Report 02/07/1996

2. Principal Place of Business
21 3700 34th St.
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 3700 34th St.
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number 59-3058418
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

10. Name and Address of New Registered Agent

HARB, A. TOM
3300 34TH STREET
3RD FLOOR
ORLANDO FL 32805

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 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

D HARB, AMINE
7808 ROLLING RIDGE CT.
ORLANDO FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

D RACHDAN, BOUTROS
6028 WINDOVER DR #C
ORLANDO FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

D SEBAALI, SAM
612 GLENVIEW DR
WINTER GDNS FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

D AMM, JEAN
9932 SWEEPSTAKES LN #3
ORLANDO FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

D HARB, A. TOM
9421 S ORANGE BLSSM TR
ORLANDO FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97
402-422-6761
Date Daytime Phone # 0010596

CR2E037 (9/96)