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Secretary of State

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NONPROFIT. CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41744
 1. Corporation Name
AMERICAN LEBANESE ENGINEERING SOCIETY, INC.

Principal Place of Business 3700 34TH ST 3RD FLOOR ORLANDO FL 32805 US	Mailing Address 3700 34TH ST 3RD FLOOR ORLANDO FL 32805 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/22/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3058418
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARB, AMINE	1.2 NAME	
STREET ADDRESS	9025 BALMORAL MEWS SQUARE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACHDAN, BOUTROS	2.2 NAME	
STREET ADDRESS	6028 WINDOVER DR #C	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	SEBAALI, SAM	3.2 NAME	
STREET ADDRESS	612 GLENVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GDNS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMM, JEAN	4.2 NAME	
STREET ADDRESS	9932 SWEEPSTAKES LN #3	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARB, A. TOM	5.2 NAME	
STREET ADDRESS	3051 BIRD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARB, AMINE	6.2 NAME	
STREET ADDRESS	9025 BALMORAL MEWS SQUARE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	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 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, with all other like empowered.

SIGNATURE: _____ DATE: 1/5/99 DAYTIME PHONE #: 407 422 4272

CR2E037 (11/98)