


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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90023 043 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000003410

1. Corporation Name
SULIEMAN BROTHERS, INC.

Principal Place of Business 14545 SOUTH MILITARY TR STE C DELRAY BCH FL 33484 US	Mailing Address 9682 VIAEMILE BOCOA RATON FL 33428 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 11/04/1992	
4. FEI Number 65-0373482	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	-\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SULIEMAN, AMJAD
 9682 VIA EMILIE
 BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	AMJAD SULIEMAN	
STREET ADDRESS	9682 VIA EMILIE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ALLY ESMAIL	
STREET ADDRESS	9663 VIA EMILIE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAMDAN, MONJID	
STREET ADDRESS	45 GRAND ST STE 434	
CITY-ST-ZIP	WORCHESTER MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VICE PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MONJID HAMDAN
3.3 STREET ADDRESS	45 GRAND ST STE 434
3.4 CITY-ST-ZIP	WORCHESTER MA 01610
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SAMER SHUHAIBER
4.3 STREET ADDRESS	408 4TH LANE
4.4 CITY-ST-ZIP	LAKEWORTH FL 33463
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	M MAHER SHUHAIBER
5.3 STREET ADDRESS	2142 BANYAN LANE
5.4 CITY-ST-ZIP	WEST PALM BCH FL 33415
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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.

SIGNATURE: AMJAD SULIEMAN - PRES. 1-5-99 (561) 637-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)