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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

AINING	1998		Secret DIVISION OF	tary of Sta CORPOR		ONS		Secretary of	of St	ate
	MENT # <b>P93(</b> ROM THE BEACH, INC		597 (8)	)						
Dringing Diag	o of Business	Mollie	a Addroop							
Principal Place of Business Mailing Address 1026 MAIN ST 1026 MAIN ST										
1026 MAIN ST   1026 MAIN ST   DAYTONA BEACH SHORES FL 32118   DAYTONA BEACH SHORES FL 321							l			
บร บร								DO NOT WRITE IN THIS	SPACE	
							ļ	3. Date Incorporated or Qualified		•
			TO - 0 -1 1					01/19/1993	<del></del>	
<b>⊢</b> '	Place of Business	<b>⊢</b> —	2a. Mailing Address					4. FEI Number	<del></del>	Applied For
Suite, Apt.	# etc		Suite, Apt. #, etc.					59-3169737		lot Applicable Additional
22	ii, a.o.	27	<b>—</b>					5. Certificate of Status Desired		Required
City & Stat	e		City & State					6. Election Campaign Financing		) <sub>Мау</sub> Ве
23		28	28.					Trust Fund Contribution		i to Fees
Zip	Country	Zi	p	Cou	ıntry	,		8. This corporation owes or has paid the cu	rrent year Ir	ntangible
24	25	29		30						☐ No
	9. Name and Address of C	urrent Register	ed Agent		81	Niena		10, Name and Address of New Registered	Agent	
GHOBERLA, CHARLES						Name				
436 AUBURN DRIVE						Street /	Addres	ss (P.O. Box Number is Not Acceptable)		
#52   DAYTONA REACH EL 32118								<u> </u>		
DAYTONA BEACH FL 32118										
ļ					84	City		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 60	7 0502 and 607	1508 Florida Stati	ites the a	hove	a-named	cornor		f changing	its registered
office or r	egistered agent, of both, in the	State of Florida.	Such change was	authorize	d by	the corp	oration	ration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the submit of the submitted of the subm	ointment as	s registered
	in ramiliar vita, and accept vite	obligations of, Si	ection 607.0505, F	ionga Sta	rutes	5.		JAN 2 9	1998	
SIGNATURE	Signature, sped or printed name of register	red agent and fille if ap	plicable. (NO	TE: Rogistere	d Age	nt signature	required	when reinstating) DATE	1000	<del></del>
12.		S AND DIRECTO		13.				ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD		☐ DELETE	1.1 TI	TLE				Change	Addition [
NAME I	LAOUN, GHASSAN			1.2 N		}	ļ			1
STREET ADDRESS	436 AUBURN DR #52 Daytona Beach Fl 32	110				ADDRESS				ł
CITY-ST-ZIP	STD STD	.110	DELETE	1.4 CI 2.1 TI		T-ZIP			Change	Addition
NAME	GHOBEIRA, CHARLES		□ occur	2.7 N		\			□ Oligitÿe	
STREET ADDRESS	436 AUBURN DR #52					ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL 32	118		2.40						1
TITLE			DELETE	3.1 TI					Charige	Addition
NAME				3.2 N/	<b>AME</b>					
STREET ADDRESS				3.3 \$1	REET	ADDRESS				ļ
CITY-ST-ZIP				3.4. C	ITY-S	T-ZIP				
TITLE			DELETE	4.1 🏗	TLE				Change	Addition
NAME				4.2N	AME					
STREET ADDRESS				1		ADDRESS				ţ
CITY-ST-ZIP			T per err	4.4 CI		í - ZiP				A deliver
TITLE			DELETE	5.1 TI		ĺ			Change	Addition
NAME OTREET ADDRESS				5.2 NA		45pprac				\
STREET ADDRESS						ADDRESS				}
CITY-ST-ZIP TITLE		<del></del>	DELETE	5.4 CI 6.1 TI		1-212			Change	Addition
NAME				6.2 N/		ſ				
STREET ADDRESS						ADDRESS				

pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information olemental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

JAN 29 1998

**FILED** 

Feb 06 1998 8:00am