Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90103 016 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000014977

1. Corporation Name

N & A ENTERPRISES, INC.

Principal Place of Business Mailing Address							1 (88)(68) (18 18106	III)II <b>40</b> 1115 POLII V	YIII BBIBI IIB	LL MINTE INTE	(BBIL IBE) (BB)	
-			ATLANTIC BLVD									
			CKSONVILLE FL 32211				DO NOT WRITE IN THIS SPACE					
·					3. Date Incorporated or Qualifed				111111111111111111111111111111111111111	-/		
							02/26/1993				ĺ	
2. Principal Place of Business 2a. Mailing Address			ng Address			4	J. FEI Number			A	pplied For	
21		26	<del> </del>				59-3160162			N	ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			-	. Certifcate of Status I	Desired [	7	7	Additional	
22	<u></u>	27					o, Certificate of Cizico				equired	
City & State	•	City &	City & State			6	3. Election Campaign I	_	_		May Be	
23		28					Trust Fund Contribu	tion			to Fees	
Zip	Country	Zip	_	Country		8	3. This corporation ow			ngible MaYYes	□No	
24	25	[29]	3	<u> </u>			Personal Property T  Name and Address					
	9. Name and Address of Co	Tueur Kedizisien	Agent	81	Name		J. Marie and Addition	100 1100		<u> </u>		
NAMMOUR, NAMMOUR E				82								
	ATLANTIC BLVD		,			Address (	(P.O. Box Number is N	ot Acceptable	1)			
JACKSONVILLE FL 32211				83								
/				84	ļ		·····			Tes 1 7:-	Codo	
					City				FL	85 Zip	Code	
office or re	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	State of Florida, Suc obligations of, Section	on 607.0505, Florid	norizea by	ine corpo	orauon s	board of directors. The	ent for the pureby accept the	npose of c he appoint	ment as n	egistered	
					it signature i	reduced with	ADDITIONS/CHANG	ES TO OFFIC		DIRECT	ORS IN 12	
12.	DVP	3 AND DIRECTOR	☐ DELETE	1.1 TITLE		T	ABBITIONOTOTOTO	20 10 0,172		Change	Addition	
NAME	NAMMOUR, NAMMOUR E		_	1.2 NAME								
STREET ADDRESS	7006 ATLANTIC BLVD			1.3 STREE	T ADDRESS	,					{	
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-S	T-ZIP							
TITLE	DT		XXDELETE	2.1 TITLE		T			3	Change	Addition	
NAME	NAMMOUR, SUMAYYA			2.2 NAME		ANTA	AR, ROBERT					
STREET ADDRESS	7006 ATLANTIC BLVD			2.3 STREET	TADORESS.	7006	ATLANTIC	BLVD.	,		-	
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-5	T-ZIP	JACE	KSONVILLE,	FL 3	2211			
TITLE	DP		☐ DELETE	3.1 TITLE						Change	Addition	
NAME	ANTAR, NICHOLAS			3.2 NAME								
STREET ADDRESS	7006 ATLANTIC BLVD	•		3.3 STREE	TADDRESS	<b>;</b>						
CITY-ST-ZIP	JACKSONVILLE FL			3.4. CITY-9	ST-ZIP	\						
TITLE	DS		XXDELETE	4.1 TITLE		Ş			•	XXChange	Addition	
NAME	AKEL, TISER	(Delete as		4. 2 NAME			MOUR, CAME					
STREET ADDRESS	7006 ATLANTIC BLVD	and Direc	ctor)	4.3 STREE	TADDRESS		6 ATLANTIC					
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-S	T-ZIP		KSONVILLE,	_FL3	2211		7574 1486an	
TITLE			☐ DELETE	5.1 TITLE		Ass	t. Sec.	7.77.7%		☐ Change	XXAddition	
NAME				5.2 NAME	- ADDO		MOUR, SUMA					
STREET ADDRESS					TADDRESS	1,00	6 ATLANTIC				ĺ	
CITY-ST-ZIP				5.4 CITY-\$	1+ZIP	JACI	KSONVILLE,	FL 3	<u> </u>	Change	☐ Addition	
πιε			□ DELETE	6.1 TITLE						☐ Criange	☐ ₩QUIUQ/I	
NAME				6.2 NAME		1						

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 advantage 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 advances, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

(904) 731-1903