FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 26 AM 8:53

DOCUMENT # **P93000031982 (0)**

1. Corporation Name
KASSAR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3200 SOUTH HIAWASSEE RD. SUITE 206 ORLANDO FL 32835-6331 US	3200 SOUTH HIAWASSEE RD. SUITE 206 ORLANDO FL 32835-6335 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 201 N Kirkman Rd
Suite, Apt. #, etc. 22
City & State 23: Orlando, FL
Zip 24: 32811-1101 County 25: Orange

2a. Mailing Address
26 201 N Kirkman Rd
Suite, Apt. #, etc. 27
City & State 28: Orlando, FL
Zip 29: 32811-1101 County 30: Orange

4. FEI Number: 59-3180788 ☐ 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

7. This corporation has liability for changes tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SWART, HARRY J
921 N. MAIN ST.
SUITE 203
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: Westbrook, William K
82 Street Address (P.O. Box Number is Not Acceptable): 6430 W Colonial Dr
83
84 City: Orlando FL 85 Zip Code: 32818

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: [signature] 1-21-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		XX Change ☐ Addition
NAME	KASSAR, RIAD	12 NAME		
STREET ADDRESS	3200 SOUTH HIAWASSEE RD., SUITE 206	13 STREET ADDRESS	201 N Kirkman Rd	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, FL 32811-1101	
TITLE	D	21 TITLE		XX Change ☐ Addition
NAME	KASSAR, DAVID	22 NAME		
STREET ADDRESS	3200 SOUTH HIAWASSEE RD., SUITE 206	23 STREET ADDRESS	201 N Kirkman Rd	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, FL 32811-1101	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] R. KASSAR. 5/23/95 407-578-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062058 CP