

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Lester B. Northrup  
Secretary of State  
1725 N.W. 25th Street, Tallahassee, FL 32304

APPROVED  
FILED

30 MAY 23 11:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000077995 (7)**

**KHOURY CONSULTING, INC.**

Principal Place of Business: P.O. BOX 720944 ORLANDO FL 32872-0944  
Mailing Address: P.O. BOX 720944 ORLANDO FL 32872-0944

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **11/10/1993**  
38. Date of Last Report: **07/12/1994**

2. Principal Place of Business		26. Mailing Address		4. FEI Number	Applied For
21. <b>660 W. FAIRBANKS</b>	26. <b>AVO</b>	5. Certificate of Status Desired	<input type="checkbox"/>	<b>59-3224654</b>	Not Applicable
22. State Apt # etc: <b>2</b>	27. State Apt # etc:	5. <b>\$8.75 Additional Fee Required</b>			
23. City & State: <b>Winter Park FL.</b>	28. City & State:	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24. Zip: <b>32789</b>	25. County: <b>ORANGE</b>	29. Zip:	30. County:	7. This corporation has liability for intangible tax under § 199.032 Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KHOURY, ZIAD 1709 SHADY RIDGE COURT ORLANDO FL 32807</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	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: \_\_\_\_\_ (Name of Registered Agent or Registered Member) \_\_\_\_\_ (Name of Corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<b>DPC</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>KHOURY, ZIAD Y</b>	2. NAME	
3. STREET ADDRESS	<b>1709 SHADY RIDGE COURT</b>	3. STREET ADDRESS	
4. CITY & STATE	<b>ORLANDO FL 32807</b>	4. CITY & STATE	
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY & STATE		8. CITY & STATE	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY & STATE		20. CITY & STATE	

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 199.032(1)(b) Florida Statutes. I do hereby 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 on oath. This form is filed on behalf of this corporation or the receiver or trustee in possession to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Ziad Khoury* **5-20-95** (407) 658-2159  
SIGNATURE AND TYPED OR PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_