

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 25 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000077995 (7)
 1. Corporation Name
KHOURY CONSULTING, INC.



Principal Place of Business 660 W FAIRBANKS AVE SUITE 2 WINTER PARK FL 32789 US	Mailing Address 660 W FAIRBANKS AVE SUITE 2 WINTER PARK FL 32789 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 101 WYMORE RD Suite, Apt. #, etc. 22 SUITE 539 City & State 23 ALTAMONTE SPRINGS FL Zip 24 32714	2a. Mailing Address 26 101 WYMORE RD Suite, Apt. #, etc. 27 SUITE 101 City & State 28 ALTAMONTE SPRINGS, FL Zip 29 32714 Country 25 SEMINOLE 30 SEMINOLE
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3. Date Incorporated or Qualified 11/10/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3221900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent
**KHOURY, ZIAD
 1709 SHADY RIDGE COURT
 ORLANDO FL 32807**

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
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC KHOURY, ZIAD Y 1709 SHADY RIDGE COURT ORLANDO FL 32807	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DPC KHOURY, ZIAD Y 605 STONE FIELD LOOP HEATHROW FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	400002258184--3 -08/05/97--01075--004 ***165.00 ***165.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

CR2E034 (4/97)

Handwritten signature and date
 7/25/97



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PROVIDING INNOVATIVE REVENUE OPPORTUNITIES
THROUGH CUSTOMER SERVICE AND SALES

July 16, 1997

Dept. of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Enclosed is our annual report and check in the amount of \$165.00 for the Corporation Supplemental fee for 1997-98. We are not paying the late fee at this time, because we never received the first report. We have moved in the past year, & put in a change of address, but we still never received the first report. We have always paid these fees & filed our reports on time in previous years, and had we received this one before the due date we would have paid it.

If you have any questions, or need further information, please do not hesitate to contact me.

Thank you,
Wende Rowland
Comptroller