

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

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Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90040 017 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P93000077995

1. Corporation Name  
KHOURY CONSULTING, INC.

Principal Place of Business  
101 WYMORE RD  
SUITE 539  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address  
101 WYMORE RD  
SUITE 539  
ALTAMONTE SPRINGS FL 32714  
US



DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |   |  |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 11/10/1993  |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number   |  |
| 23 Zip                         |  | 28 Zip                 |  | 59-3221900  |  |
| 24 Country                     |  | 29 Country             |  | Applied For   |  |
|                                |  |                        |  | Not Applicable  |  |
|                                |  |                        |  | 5. Certificate of Status Desired  |  |
|                                |  |                        |  | <input type="checkbox"/> \$8.75 Additional Fee Required                     |  |
|                                |  |                        |  | 6. Election Campaign Financing  |  |
|                                |  |                        |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                        |  |
|                                |  |                        |  | 7. Trust Fund Contribution  |  |
|                                |  |                        |  | <input type="checkbox"/>  |  |
|                                |  |                        |  | 8. This corporation owes the current year Intangible Personal Property Tax. |  |
|                                |  |                        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |  |

|  |  |   |  |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent            |  | 10. Name and Address of New Registered Agent                                  |  |
| KHOURY, ZIAD<br>1709 SHADY RIDGE COURT<br>ORLANDO FL 32807 |  | 81 Name ZIAD KHOURY   |  |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br>605 STONE FIELD LOOP |  |
|  |  | 83 HEATHROW   |  |
|  |  | 84 City FL 85 Zip Code 32746  |  |

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 |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------|---|---|
| TITLE                      | PCD                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KHOURY, ZIAD Y      | 1.2 NAME  |   |
| STREET ADDRESS             | 605 STONEFIELD LOOP | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | HEATHROW FL 32746   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 2.2 NAME  |   |
| STREET ADDRESS             |                     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 3.2 NAME  |   |
| STREET ADDRESS             |                     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 4.2 NAME  |   |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 5.2 NAME  |   |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 6.2 NAME  |   |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                     | 6.4 CITY-ST-ZIP                                       |   |

I 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

IDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99 (407) 682-3434

CR2E034 (11/98)

0070792