

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000001670 (5)

1. Corporation Name

KAYAL AND ASSOCIATES, INC.



Principal Place of Business

**939 FRAMLINGHAM COURT. #203
LAKE MARY FL 32746**

Mailing Address

**939 FRAMLINGHAM COURT. #203
LAKE MARY FL 32746**

3. Date Incorporated or Qualified

01/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59 3363716

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**KAYAL, JOSEF
939 FRAMLINGHAM COURT, #203
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature is not required when not stated)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?
TITLE: D <input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KAYAL, JOSEF	1.2 NAME:
STREET ADDRESS: 939 FRAMLINGHAM COURT, #203	1.3 STREET ADDRESS:
CITY-ST-ZIP: LAKE MARY FL 32746	1.4 CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KAYAL, GEORGE	2.2 NAME:
STREET ADDRESS: 769 MINERVA LANE	2.3 STREET ADDRESS:
CITY-ST-ZIP: LAKE MARY FL 32746	2.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	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: <input type="checkbox"/> DELETE	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: <input type="checkbox"/> DELETE	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: <input type="checkbox"/> DELETE	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:

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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)(k), 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:

Josef Kayal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

324-96

941-679 9503

DATE

PHONE NUMBER

CR2E034 (12/95)