

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P9700000515
 1. Corporation Name
WATER HAVEN DEVELOPMENT CORP

Principal Place of Business Mailing Address
3501 W. VINE ST. #352 **3501 W. VINE ST. #352**
KISSIMMEE, FL 34741 **KISSIMMEE FL 34741**

2. Principal Place of Business	2a. Mailing Address
21. Suite Apt #, etc	26. Suite Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
1.2.97

4. FEI Number **59.3417216** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
ARIF K. AL-HAKIM
3501 W. VINE STREET
SUITE 352
KISSIMMEE, FL 34741

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 607.0507 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]* **ARIF K AL-HAKIM** **4.9.98**
Signature of the Registered Agent (Signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	5049 LATROBE DRIVE	
STREET ADDRESS	WINDERMERE, FL	
CITY-ST-ZIP	ARIF AL HAKIM	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	AHMED ALJUNDI	
STREET ADDRESS	3501 W. VINE ST.	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	SAIF AL-SAADON	
STREET ADDRESS	3050 BIRD LANE	
CITY-ST-ZIP	WINDERMERE, FL 34784	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	AHMED BARGHUTHI	
STREET ADDRESS	3501 W. VINE ST.	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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*****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption on 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 fee collector 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 in an attached form with an address.

SIGNATURE: *[Signature]* **ARIF K. AL-HAKIM** **4.9.98** **407-8477330**
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (10/97)