

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

FILED  
99 SEP 13 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 2  
1. Corporation Name  
**P97000053191 ✓**  
**Prudential Business Group, Inc.**

Principal Place of Business  
4109 LAND O' LAKES BLVD.  
LAND O' LAKES FL 34639

Mailing Address  
P.O. BOX 1190  
RIVERVIEW FL 33568

7/22/99 90008 002 \$150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06-16-97**

4. FEL Number **59-3596211**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business  
21 **4109 Land-O-Lakes Blvd.**

2a. Mailing Address  
26 **P.O. Box 1190**

22. Suite, Apt. #, etc.  
**Land O' Lakes Fl.**

27. Suite, Apt. #, etc.  
**Riverview, Fl.**

23. City & State  
**34639**

28. City & State  
**33568**

24. Zip Country

8. Name and Address of Current Registered Agent

ABUMAISH, GHASSAN  
4109 LAND O' LAKES BLVD.  
LAND O' LAKES FL 34639

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 607.1506, 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 Abuimaish Ghassan Abuimaish DATE **7.9.99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABUMAISH, GHASSAN	1.2 NAME	
STREET ADDRESS	12225 SHADY FOREST DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABUMAISH, AMED	2.2 NAME	
STREET ADDRESS	10218 EVENING TRAIL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABUMAISH, FATEN	3.2 NAME	
STREET ADDRESS	12225 SHADY FOREST DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1), 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 as an attachment with an address.

SIGNATURE: Abuimaish Ghassan Abuimaish DATE **7.9.99** DAYTIME PHONE # **813-417-8438**

KE