

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90015 035 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **S24189**

1. Corporation Name  
**ALBADER TRAVEL & TOURISM INC.**

595629 - 90015 - 03



Principal Place of Business  
**3251 LAKE GEORGE COVE DRIVE  
 ORLANDO FL 32812**

Mailing Address  
**3251 LAKE GEORGE COVE DRIVE  
 ORLANDO FL 32812**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/10/1991**

4. FEI Number  
**59-3103789**

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 the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26** **P.O. BOX 620051**

Suite, Apt. #, etc.  
**22**

City & State  
**23** **ORLANDO FLORIDA**

Zip  
**24** **32862-0051**

Country  
**25**

City & State  
**27** **ORLANDO FLORIDA**

Zip  
**28** **32862-0051**

Country  
**29**

9. Name and Address of Current Registered Agent  
**FAKHOURY, MAURICE  
 3251 LAKE GEORGE COVE DRIVE  
 ORLANDO FL 32806**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ALDODERI, BADER YOUSIF</b>	
STREET ADDRESS	<b>AL BADER HOUSE, GOV. RD.</b>	
CITY-ST-ZIP	<b>MANAMA - BAHRAIN</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ALDOSERI, KHALID YOUSIF</b>	
STREET ADDRESS	<b>AL BADER HOUSE, GOV. RD.</b>	
CITY-ST-ZIP	<b>MANAMA - BAHRAIN</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FARLDA SULTAN</b>	
STREET ADDRESS	<b>3251 LAKE GEORGE COVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FAKHOURY GEORGE</b>	
STREET ADDRESS	<b>3251 LAKE GEORGE COVE DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32512</b>	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D ASSAL, RAJA</b>
4.3 STREET ADDRESS	<b>509 S. OSCEOLA AVE</b>
4.4 CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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.

SIGNATURE: \_\_\_\_\_ DATE: **7/13/99** (407) 841 8111

CR2E034 (5/99)