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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P9700 NI DEVELOPMENT, INC.	0039063 (7))	
Principal Place of Business Mailing Address				{
S401 KIRKMAN RD SUITE 725 ORLANDO FL 32819		5401 KIRKMAN RD SUITE 725 ORLANDO FL 32819		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
				05/01/1997
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59 3 4 3 6 7 3 6 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional
City & Stat		27		Fee Required
23	16	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current fear Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre		1-71	10. Name and Address of New Registered Agent
K	HATIB, RASHID A		81 Name	
	IO1 KIRKMAN RD		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
SUITE 725				
O	RLANDO FL 32819		83	
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508. Florida Statut	es the above-named corp	pration submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a	authorized by the corporati	on's board of directors. I hereby accept the appointment as registered
}	and accept the being	jations of, section 607.0505, Fit	onda statutes.	
SIGNATURE	Signature, typod or printed name of registered ag	jent and fille if applicable. (NOT	E: Registered Agent signature require	od when reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETÉ	1.1 TITLE	Change Addition
NAME	KHATIB, RASHID A		1.2 NAME	
STREET ADDRESS	5401 KIRKMAN RD #725		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819 DC	DELETE	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	KHOURI, ZAHI W		21 TITLE 22 NAME	Change C Addition
STREET ADDRESS	5401 KIRKMAN RD #725		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	•
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		T oriette	4.4 CITY-ST-ZIP	
TITLE		☐ DELE TE	5.1 TITLE	Change Addition
NAME DZDCEY ADDRESO			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME		- Decert	6.2 NAME	C Orange C Audilion
STREET ADDRESS			6.3 STREET ADDRESS	

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.

6.4 CITY-ST-ZIP

CICNIATURE.

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3-26-96

(4m) 2TV 2206

FILED

Apr 01 1998 8:00am

Secretary of State