

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

FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F52802 (8)  
1. Corporation Name  
111 NORTH ORANGE INCORPORATED



Principal Place of Business  
899 W. CYPRESS CREEK ROAD  
SUITE 317  
FORT LAUDERDALE FL 33309  
US

Mailing Address  
899 W. CYPRESS CREEKROAD  
SUITE 317  
FORT LAUDERDALE FL 33309  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 3333 W. Commercial Blvd.  
Suite, Apt. #, etc.  
22 111  
City & State  
23 Ft. Lauderdale, FL  
Zip Country  
24 33309 25 US

2a. Mailing Address  
26 3333 W. Commercial Blvd.  
Suite, Apt. #, etc.  
27 111  
City & State  
28 Ft. Lauderdale, FL  
Zip Country  
29 33309 30 US

3. Date Incorporated or Qualified  
11/06/1981  
4. FEI Number  
58-1465279  
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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	OSAMA EL-HADDAD	
STREET ADDRESS	899 W CYPRESS CREEK ROAD #317	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FONG, MICHAEL C	
STREET ADDRESS	899 W. CYPRESS CREEK ROAD #317	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMEEL, MAGDI	
STREET ADDRESS	1 RUE DES GENETS	
CITY-ST-ZIP	MONTE CARLO, IL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LOVELL, RICHARD C	
STREET ADDRESS	899 W. CYPRESS CREEK ROAD #317	
CITY-ST-ZIP	FORT LAUDERDALE FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3333 W. Commercial Blvd., Suite 111
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3333 W. Commercial Blvd., Suite 111
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Monte Carlo, Monaco
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3333 W. Commercial Blvd., Suite 111
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
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 registered 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 attachment with an address.

SIGNATURE

Richard C. Lovell

4/17/98

954-377-2000

CR2E034 (10/97)