FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90049 032 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## P97000039063 DOCUMENT #

1. Corporation Name

MARTINI DEVELOPMENT. INC.

Principal Place	of Business	Mailing Add	ess						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5401 KIRKMAN	RD	5401 KIRKMA	N RD								
SUITE 725		SUITE 725	SUITE 725			DO NOT WRITE IN THIS SPACE					
ORLANDO FL 32819		OHLANDO FI	ORLANDO FL 32819			3. Date Inc	3. Date Incorporated or Qualifed				
						05/01/	·				
2 Principal Pl	ace of Business	2a. Mailing A	Address			4. FEI Num			A	pr lied For	
21		<u> </u>	26				59-3436736 Not Applic			ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			<b>\$8.75</b> A tditional					
22	, 5.5.	27				5. Certifoat	e of Status Desired			tecluired	
City & State	<del></del>	City & S	tate			6. Election	Campaign Financing		\$5.00	May Be	
23		28				Trust Fu	nd Contribution		Added	tc Fees	
Zip Cour try		Zip	Zip Cou			8. This corporation owes the current year intangible		angible			
24	25	29	29 30				Property Tax. Yes No				
	9. Name and Address of	Current Registered Age	ent			10. Name a	nd Address of New	Registere d	Agent		
	TID DAGUE 4			81	Name						
	TIB, RASHID A			82	Street A	dress (P.O. Box Number is Not Acceptable)					
	KIRKMAN RD		1			·					
	E 725			83							
ORL	ANDO FL 32819			84	City				85 Zip	Code	
								FL	.	ł	
office crea	to the provisions of Sections egistered agent, or bo h, in th n familiar with, and accept th	e State of Florida. Such d	hande was authoriz	ea by	the corpor	crporation submits tion's board of cit	this statement for the rectors. I hereby acce	purpose of pt the appoin	changing it ntment as r	s ragistered eg stered	
SIGNATURE											
	Signature, typed or printed na ne of regi				t signature rec	ired when reinstating)	10.0UANOE0 TO 01	DATE	ID DIDECT	OFIC IN 12	
12.		ERS AND DIRECTORS	DELETE 1.1			ADDITIO	NS/CHANGES TO OF	-FICERS AN	Change	Addition	
TITLE	D CALLED DAOLED A			TITLE							
NAME	KHATIB, RASHID A	_	•	NAME							
STREET ADDRE 3S	5401 KIRKMAN RD #72	5			ADDRESS					1	
CITY-ST-ZIP	ORLANDO FL 32819			CITY-S	T-ZIP				Change	Addition	
TITLE	DC		_	TITLE					☐ Glange	Addition	
NAME	Khouri, zahi W	_		NAME							
STREET ADDRE 3S	5401 KIRKMAN RD #72	25	. 2.3	STREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32819			4 CITY-S	T-ZIP				Change	☐ Addition	
TITLE		!		TITLE	)				Change	□ Addition	
NAME			3.2	NAME							
STREET ADDRE 3S			3.3	STREET	FADDRESS						
CITY-ST-ZIP				, CITY-S	T-ZIP						
TITLE			DELETE 4.1	TITLE					Change	Addition	
NAME			4.	2 NAME							
STREET ADDRE 3S			4.3	STREET	ADDRESS					j	
CITY-ST-ZIP				CITY-S	T-ZIP						
TITLE			i i	TITLE					Change	☐ Addition	
NAME			5.2	NAME							
STREET ADDRE SS			5.3	STREET	r ADDRESS					ļ	
CITY-ST-ZIP			54	CITY-S	T-ZIP						
TITLE			DELETE 6	TITLE					Change	☐ Addition	
NAME			62	NAME							

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 recuired 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, with a lighter empowered.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP