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FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733082

(2)

1. Corporation Name

MIDDLE EAST CLUB OF AMERICA, INC.



Principal Place of Business

Mailing Address

2550 LAKE ELLEN DRIVE
TAMPA FL 336182550 LAKE ELLEN DRIVE
TAMPA FL 33618-32543. Date Incorporated or Qualified
06/17/19753a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2905251Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

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

Zip Country Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIBBS, LOUISE S
2550 LAKE ELLEN DR
TAMPA FL 33618

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME HARB, BESHARA
STREET ADDRESS 9706 PORT COLONY WAY
CITY-ST-ZIP TAMPA FL1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME SAMIRA MOORE
1.3 STREET ADDRESS 8006 BULLARA DRIVE
1.4 CITY-ST-ZIP TAMPA FL 33637TITLE VD ☐ DELETE
NAME SAMILIAN, MICHAEL
STREET ADDRESS 517 TERRACE HILL DR
CITY-ST-ZIP TEMPLE TERRACE FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33617TITLE SD ☐ DELETE
NAME SEXTON, ELIZABETH
STREET ADDRESS 516 SEVERN AVE
CITY-ST-ZIP TAMPA FL3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33606TITLE TD ☐ DELETE
NAME DIBBS, LOUISE
STREET ADDRESS 2550 LAKE ELLEN DRIVE
CITY-ST-ZIP TAMPA FL4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33618TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition
5.2 NAME DIRECTOR
5.3 STREET ADDRESS BASSEM MICHAEL DIBBS
5.4 CITY-ST-ZIP 5812 N. 22ND STREET
TAMPA FL 33610TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048465

CR2E037 (9/96)