## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami

1996

Secretary of State DIVISION OF CORPORATIONS

DOCUM . Corporation N JALLO I	IENT # <b>F9200</b> MOBIL III INC.	0000096 (				
Principal Place o	f Business	Mailing Address			1 80116 <b>80</b> 311 <b>80</b> 111 <b>00</b> 141 <b>60</b>	
802 W BLOOMINGDALE AVENUE BRANDON FL 33511		C/O FRANZESE & E 50 BROADWAY HILLSDALE NJ 0764 US		3. Date incorporated or Qualified		
, Principal Plac	e of Business	2a. Mailing Address		4. FEI Number		Applied For
L		26		22-2775693		Not Applicable  5 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	7	Pequired
City & State		City & State		6. Election Campaign Financing	\$5.0	0 May Be
1		28		Trust Fund Contribution	L Adde	ed to Fees
Zφ	Country	<i>Z</i> <sub>I</sub> p	Country	8. This corporation has liability for		199.032,
	9. Name and Address of Currer	29	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	g, Name and Address of Curre	in negistered Agent	81 Name	10, Name and Address of Nov.	togistores rigorit	•
32400 U	CHAMOUN S 19N ARBOR FL 34684		<ul><li>82 Street Add</li><li>83</li><li>84 City</li></ul>	iress (P.O. Box Number is Not Acceptal		ip Code
IGNATURE	, and accept the obligations of, Sec gradum types or printed name of registers again OFFICERS AN		(NOTE: Registered Agest signature respre 13. 1 1 TILLE	ed when reconstructed  ADDITIONS/CHANGES TO OFF	DATE  CICERS AND DIRECT  Change	
AME THEET ADDRESS	JALLO, CHAMOUN 3458 WOODRIGE PKWY. PALM HARBOR FL 34684		1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-7IP			
TLE AME THEET ADDRESS	TALM TRAIDONT L 04004	DETETE	2 1 TITLE 22 NAME 23 STHEET ACCIDESS		[] Change	Addit-on
TY-ST-ZIP TLE AME TREET ADDRESS		☐ DELETE	2 4 CHY+S1-7/P 3 1 THE 6 3 2 NAME 3 3 STREET ADDRESS		Change	Addition
ITY-ST-ZIP TLE AME TREET ADDRESS		☐ DETEJE	3 4 CHY - ST - ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS		☐ Change	: Addition
ITY-ST-ZIP ITUE AME TREEL ADDRESS		☐ DELETE	4.4 CHY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STHEET ADDRESS		☐ Change	e Addition
ITY-ST-ZIP PTLE AME		☐ DETELE	5 4 CHY-S1-7/P € 1 TITLE 62 NAME 63 STREET ADDRESS		☐ Change	e Addition
certify that	the information indicated on this an	nual report or supplemental a poration or the receiver or tru	64 CRY-ST-7P furnished and does not qualify annual report is true and accu- stee empowered to execute t	for the exemption stated in Section 11 rate and that my signature shall have th his report as required by Chapter 607, I	e same ledal ellecta:	STEFFICION COLUMN

SIGNATURE: Chama- Jall CHAMOUN JALLO

(201)666-3600 Destrict Prioric #