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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300000892 (0)

FILED Feb 17 1998 8:00am Secretary of State

	lied For Applicable Iditional ulred Bay Be Fees
FLINT MI 48507 FLINT MI 48507 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/08/1993 2. Principal Place of Business 26. Mailing Address 38-2696567 Suite, Apt #, etc. 27. Suite, Apt #, etc. 28. City & State 29. City & State 29. City & State 39. Country 30. Election Campaign Financing 30. Election Campaign Financing 30. Trust Fund Contribution 30. Added to 30. Pee Req 30. Personal Property Tax due June 30. Yes 30. Name and Address of Current Registered Agent 30. Name and Address of New Registered Agent 30. Name and Address of New Registered Agent 31. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the provisions of Sections floridge or registered agent or both in the State of Honda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as refered agent or both in the State of Honda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as refered agent or both in the State of Honda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as refered agent or both in the State of Honda.	Applicable Iditional ulred Say Be Fees
2. Principal Place of Business 3. Date Incorporated or Qualified 03/08/1993 4. FEI Number 38-2696567 Not Suite, Apt #, etc. 5. Suite, Apt #, etc. 6. Certificate of Status Desired 7 City & State 7 City & State 7 Country 8. This corporation owes or has paid the current year Inter 9 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11- Persuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the aboven-named corporation submits this statement for the purpose of changing its office or receivered agent or both in the State of Honda. Such change was sutherated by the corporation's board of directors. I hereby accept the appointment as reflece or receivered agent of both in the State of Honda. Such change was sutherated by the corporation's board of directors. I hereby accept the appointment as reflece or receivered agent of both in the State of Honda. Such change was sutherated by the corporation's board of directors. I hereby accept the appointment as reflecement as reflecement for the purpose of changing its office or receivered agent or both in the State of Honda. Such change was sutherated by the corporation's board of directors. I hereby accept the appointment as reflecement for the purpose of changing its office or receivered agent.	Applicable Iditional ulred Say Be Fees
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	gistered
SIGNATURE Supration, typed or practical name of registrical tiggest and title of applicable. (NOTE Registered Agent signature required when reinstating) DATE	
12. OF ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE DPST DELETE 1.1 TITLE Change	Addition
NAME SAAB, GHASSAN M 1.2 NAME	
STREET ADDRESS 3407 TORREY RD. 1.3 STREET ADDRESS	
CITY-S1-ZIP	Addition
NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS	
CITY-SI-ZIP 2.4 CITY-SI-ZIP	ļ
TITLE DELETE 31 TITLE Change	Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	Addition
TITLE DELETE 4.1 TITLE Change	☐ Addition
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CITY-ST-ZIP 64 CITY ST-XIP 64 CITY ST-XIP 64 CITY ST-XIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	

4. 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 of 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 mode of its description of the corporation or the mode of its description. The provided in the provided in the information of the corporation of the corporation of the corporation of the mode.

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