FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F94000003738 (1)**

1. Corporation Name
B&L HEALTH ENTERPRISES, INC.

Principal Place of Business
1172 TWIN RIVERS BLVD
OVEIDO FL 32765
US

Mailing Address
1172 TWIN RIVER BLVD
OVIEDO FL 32765
US

3. Date Incorporated or Qualified: 07/18/1994
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business
21 1172 Twin Rivers Blvd
Suite, Apt. #, etc.
22
City & State
23 Oviedo, FL
Zip 24 32765 Country 25 USA

2a. Mailing Address
26 1172 Twin Rivers Blvd.
Suite, Apt. #, etc.
27
City & State
28 Oviedo, FL
Zip 29 32765 Country 30 USA

4. FEI Number: 59-3267558 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BASSAM NASSER
1172 TWIN RIVERS BLVD
OVIEDO FL 32765

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 Bassam Nasser — Signature (and title if signing on behalf of a corporate registered agent) — NOTE: Registered Agent Signature required above (Secretary) — DATE Jan. 24. 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NASSER, BASSAM I	1.2 NAME	
STREET ADDRESS	1215 TWIN RIVERS BLVD	1.3 STREET ADDRESS	
CITY, ST, ZIP	OVIEDO FL	1.4 CITY, ST, ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NASSER, LINDA S	2.2 NAME	
STREET ADDRESS	1215 TWIN RIVERS BLVD	2.3 STREET ADDRESS	
CITY, ST, ZIP	OVIEDO FL	2.4 CITY, ST, ZIP	
TITLE	D ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	AYOUH, FAWWAZ I	3.2 NAME	No longer associated with us
STREET ADDRESS	49 ALAFAYA WOODS BLVD #301	3.3 STREET ADDRESS	
CITY, ST, ZIP	OVIEDO FL	3.4 CITY, ST, ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	AYOUH, FAIZ I	4.2 NAME	
STREET ADDRESS	49 ALFAYA WOODS BLVD #301	4.3 STREET ADDRESS	
CITY, ST, ZIP	OVIEDO FL	4.4 CITY, ST, ZIP	
TITLE	S ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	AYOUH, FRARCOISE	5.2 NAME	
STREET ADDRESS	1215 TWIN RIVERS BLVD	5.3 STREET ADDRESS	
CITY, ST, ZIP	OVIEDO FL	5.4 CITY, ST, ZIP	
TITLE	T ☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	AYOUH, KAMAL I	6.2 NAME	
STREET ADDRESS	1215 TWIN RIVERS BLVD.	6.3 STREET ADDRESS	
CITY, ST, ZIP	OVIEDO FL	6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bassam Nasser — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: Jan. 24. 1996 — Daytime Phone #: 407-359-8663

CR2E034 (12/95)