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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G06857

(8)

S. ROBERT MOUSSOURI, P.A.

FILED Feb 11 1997 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·) ADDIIII BBIN BBINB BRIDI TOIBH BIRIN ROON BAGIN BIBH DIBH BRRIN BIRIN BIRIN BERN BERN BERN BERN BERN BERN BERN BER		
1200 MARINE WAY APT #B-901 NORTH PALM BEACH FL 33408 US		P O BOX 14878 NORTH PALM BEACH FL 33408-0878 US					
					3. Date Incorporated or Qualified 3a. Date of Last Report 10/25/1982 12/16/1996		
	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-2241228	N	lot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & Sta		City & State			6. Election Campaign Financing Trust Fund Contribution) May Be I to Fees
Ζip	Country	Zip	Count	У	8. This corporation has liability for I		s. 199.032
24	25	29	30			Yes 🔀 No	
L	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	pistered Agent	
	USSOURI S ROBERT		8	Name			
	MARINE WAY		62 Street Add		ress (P.O. Box Number is Not Acceptable)		
	#B-901		63		<u> </u>		
į NOR	NORTH PALM BEACH FL 33408			9			
			8	City		FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607.050	02 and 607 1508 Florida S	tatutes the abo	le-pamed corr	poration cultimite this statement for the p	urpose of changing	ite registered
office or agent. La		e of Florida. Such change v gations of, Section 607.050! S. S. ROBERT 1	vas authorized I 5. Florida Statut アング <i>ろ</i> りひ	by the corporal es. }	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment as $2-5-97$	s registered
			(NOTE Registered A	ent signature requi	red when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TOTLE	PST	☐ DELETE		i i		☐ Change	Addition Addition
NAME	MOUSSOURI, S ROBERT		1.2 NAM				
STREET ADDRESS	1200 MARINE WAY APT. B-901	l	1.3 STAE	T ADDRESS			
CITY-ST-7IP	NO PALM BEACH FL 33408		1.4 CITY	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE			2.1 TITLE			Change	Addition Addition
NAME	MOUSSOURI, S ROBERT	4	2.2 NAMI				
STREET ADDRESS	NO DALM DEACH EL 20100			T ADDRESS			
CITY-ST-7/P	NU PALM DEACH FL 33400	Douere	2. 4 CITY	-ST-ZIP	······································		
THILE		☐ DELETE				Change	Addition
NAME			3.2 NAME		. 15	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
STREET ADDRESS				T ADDRESS			
CITY-ST-71F TITLE		□ DELETE	3.4. CITY	ST-ZIP		[7] ()	Addis -
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.		☐ Change	Addition Addition
NAME BYOKET NOODLOG			4. 2 NAM				
STREET ADDRESS		•		T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE	ST-ZIP	·	Change	Addition
NAME		ב טנננונ	5.1 HILE 5.2 NAME			LJ Unange	TTI MODITION
				1	•	**************************************	
STREET ADORESS	1		■ 5.3 STRE	T ADDRESS			ŀ

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

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: A YOUNT WILL ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

CITY - ST-ZIF

\$18661 ADDRESS

C(1)Y+\$1-2IP

TITLE

NAME

Daytime Phone • 0000100

Change

☐ Addition