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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # G60863



FLORIDA DEF'ARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90193 044 ***150.00

DR. JAN	IAL A. FAKHOURY, D.C.,	P.A.							
Principal Flace of Business Mailing Address						i idditti anch Attir anini inrig atten iin Bigt) 01511 01511 610 11	: 0 (0)) 0(0); (0);	
C/O JAMAI. F/ 1021 SW 17TH OCALA FL 344	ST	1021 SW 17TH	C/O JAMAL FAKHOURY 1021 SW 17TH ST OGALA FL 34474			DO NOT WRITE IN THIS SPACE			
US	•	US			3. Date incorporated or Qualifed 09/23/1983				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 59-2333924	1——	applied For lo: Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required	
City & 5 tat	e	City & State				6. Electicn Campaign Financing Trust Fund Contribution		IMay Be I to Fees	
Zip 24	Country Zip 29		30	Country 30		This corporation owes the current year in Personal Property Tax.	Yes	Yes No	
	9. Name and Address of Cur	rent Registered Agen	t	81	Name	10. Name and Address of New Registers	d Agent		
FAKHOURY, JAMAL 1021 S.W. 17TH ST. OCALA FL 34474				82 Street Acdress (P.O. Box Number is Not Acceptable)					
				84	City		85 Zip	Cide	
office or r	to the provisions of Sections 607, egistered agent, or bo h, in the St m familiar with, and accept the ob	ate of Florida. Such ch	ange was authoriz	ed by	the corporat	poration submits this statement for the purpose ion's board of cirectors. I hereby accept the app	of changing it ointment as re	s registered egistered	
SIGNATURE	Signature, typed of printed har te of registered	agent and title if applicable.	(NOTI : Registe	red Ager	nt signature requir	ed when reinstating) DATE			
12.		ANE DIRECTORS	1	3.		ADDITIC NS/CHANGES TO OFFICERS /	ND DIRECT	ORS IN 12	
TITLE	PD			11 TITLE			Change	Additio	
NAME	FAKHOURY, JAMAL A.		1.2	1.2 NAME					
STREET ADDRES S				1.3 STREET ADDRESS					
CITY-ST-ZIP	OCALA FL 34471			1.4 CITY-ST-ZIP					
TITLE	DELETE			2.1 TITLE			☐ Change	☐ Additio	
NAME			2.2	NAME					
STREET ADDRESS			2.3	STREE	TADDRESS				
CITY-ST-ZIP	<u></u>			4 CITY-S	ST-ZIP		. — <u>—</u> —		
TITLE			DELETE 3.1	TITLE	-		☐ Change	Addition Addition	
NAME			32	NAME	1				
STREET ADDRESS			3.3	STREET	TADDRESS				

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 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 are an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed uses an attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4 3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4 1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

NATURI : AND TYPED ON PRINTED NAME OF SIGNING OFFICER (R DIRECTOR

4/14/99 352 35/34/3 District District Phone #

Change

☐ Change

☐ Change

Addition

Addition

Addition