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 # J98320

(1)

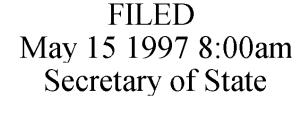
ZALLOUMCO CONSTRUCTION, INC.

DN. INC.

Principal Place of Business

% RONALD W. BLACK 112 SOUTH LAKE AVE. ORIANDO FL 32RG Mailing Address

% RONALD W. BLACK 112 SOUTH LAKE AVE. ORI ANDO FL 32801-270





UNLANUU IL 3	32 0 U1		Uff	UKLANDU FL 32001-2704							
GURANO IE GEOGI								3. Date Incorporated or Qualified 3a. Date of Last Repor 10/20/1987 05/16/1996			eport
2. Principal Place of Business 21 1424 HUMPHREY BIYD.				26 247 BAYDU CIRCLE				4. FEI Number 59-2888967		<u> </u>	oplied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.				— \$8.75 Additional			
22				27				5. Certificate of Status Desired Fee Required			
City & State DELTONA FLOKIDA			A 28	DEBAR		FLORIDA		6. Election Campaign Financing Trust Fund Contribution Added to Fees			
ت و المحالية على المحالية الم	125	Country 25 U.S.A	29	Zip スンクリス	[Co [30]	untry	.s.A	8. This corporation has liability for Florida Statutes	intangible tax Yes \[\] N		. 199.032,
		and Address of Curre		stered Agent	1221	T		10. Name and Address of New Re			in the end of the terms of the second
ZALL	LOUM, OSA	IMA A.		-		81	Name D	SAMA A. ZA	LLOU.	Μ	
1424 HUMPHREY BLVD.						82 Street Address (P.O. Box Number is Not Acceptable)					
DELTONA FL 32725						83	247 1	BAYOU CIRCLE			
						83					
						84	City NEV	2 4 4 4	E1 8		Code
11. Pursuant	to the provisi	ions of Sections 607.05	02 and 6	807.1508, Florida S	talutes, the a	L_L above	named corpo	oration submits this statement for the	ourpose of cha	anging it	ts registered
office or r	registered ag	ent, or both, in the State of and accopt the oblig	e of Flori	ida. Such chance v	vas authorize	ed by:	the corporation	on's board of directors. I hereby acce	ot the appoint	ment as	registered
SIGNATURE		Krima ?	28	lon							
	Signature typed			e if applicable			it signature required		DATE		
12.		OFFICERS AN	ND DIRE	and the same of th	18.			ADDITIONS/CHANGES TO OFFICE			
TITLE	PST			DELETE		DTLF			L	Change	Addition
NAME		I, OSAMA A.				NAME					
STREET ADDRESS		ITATION CLUB DR			i i		ADDRES\$				
CITY-ST-ZIP	DEBARY I		.	DELETE		CITY-ST: MLE	- ZIP			Change	Addition
TITLE NAME				ניין מנכנונ		VAME			U	Ononge	L. Addition
STREET ADDRESS							ADDRESS				
CITY-S1-ZIP						CITY-ST					
TITLE				DELFTE		Inte	1-14			Change	Addition
NAME						NAME				•	
STREET ADDRESS					3.3	STREET A	ADDRESS				
CITY-ST-ZIP					3.4.	C(1Y-S1	I - ZIP				
TITLE				☐ DELETE	4.1	HILE				Change	Addition
NAME					4. 2	NAME					
STREET ADDRESS					4.3 :	STREET A	ADDRESS				
CITY-ST-ZIP						CITY-ST	- ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE				☐ DELETE		TITLE			L.J	Change	Addition
NAME						1MAV					ĺ
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP	ļ <u></u>	 		DELETE		CITY-ST	· ZIP			Change	Addition
TITLE				[] Detest		IIILE			L	unange	FT Magitian
NAME Street address					6.21	MAME	1				l
						STREET 4	ATARDE OR				
CITY-ST-ZIP						STREET A	ADDRESS				

14. To nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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.

IONATURE SPANNING PROMINED 4/10/1