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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K94781** (7)

1. Corporation Name

**MASAWA INTERNATIONAL DEVELOPMENT & ASSOCIATES, I  
NC.**



Principal Place of Business

**2502 ROCKY POINT RD  
SUITE 955  
TAMPA FL 33607**

Mailing Address

**2502 ROCKY POINT RD  
SUITE 955  
TAMPA FL 33607**

3. Date Incorporated or Qualified  
**06/12/1989**

3a. Date of Last Report  
**03/16/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

**59-2955356**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOVER, WILLARD D.  
500 E BROWARD BLVD  
7TH FL  
FT LAUDERDALE FL 33394**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature represents change to existing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**D**

☐ DELETE

NAME

**EL NAGGAR, MOHAMED M.  
23 MIDAN-EL-TAHIR MANCH  
ALEXANDRIA, EGYPT**

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VP**

☐ DELETE

NAME

**MCCREARY, KEITH E.  
2502 ROCKY POINTE DR 955  
TAMPA FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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 appointment with an address.

SIGNATURE: *Keith E. McCreary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/96**

Date

**813.281-8857**

Daytime Phone

CR2E034 (12/95)