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 # K99791

(1)

Principal Place of Business Mailing Address 1553 W BLUE HERON BLVD. RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404				***************************************		
					 Date Incorporated or Qualified 07/03/1989 	3a. Date of Last Report 01/30/1996
	ace of Business	2a. Mailing Address			4. FEI Number 65-0127109	Applied For Not Applicable
Suite, Apt. #, etc.		26		5. Certificate of Status Desired	\$8.75 Additional	
22 City & State		City & State			Fee Required	
23	3	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cour	itry	B. This corporation has liability for it	
24	9. Name and Address of Curren	29 I Registered Agent	30		Florida Statutes 10. Name and Address of New Reg	Yes No
AWA	VAD, ABU K	Triograteroo Agont		B1 Name	10, Harris and Addison of North Hay	Justinos rigorii
	W BLUE HERON BLVD.		-	B2 Street Add	ress (P.O. Box Number is Not Acceptab	le)
RIVIERA BEACH FL 33404						
			Ĺ	83		
				B4 City		FL 85 Zip Code
SIGNATURE	to the provisions of Sections 607,050 ogistered agent, or both, in the State in familiar with, and accept the obligation Signature typed or protest laine of reporacy age	· Awwad 6	lbu KV	coli /	poration submits this statement for the p tion's board of directors. I hereby accep ared when reinstaling)	urpose of changing its registered of the appointment as registered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PVŠT	☐ DELETE	1.1 1/11	E		☐ Change ☐ Addition
NAME	KHALIL, AWWAD		1,2 NA	ĺ		
STREET ADDRESS	1553 W BLUE HERON BLVD. RIVIERA BEACH FL 33404			EET ADDRESS		
CITY+ST-ZIP TITLE	D D	DELETE	2.1 TITL	Y+ST-ZIP F		Change Addition
NAME	KHALIL, AWWAD		2.2 NA	,		
STREET ADDRESS	1553 W BLUE HERON BLVD.			EET ADDRESS		
CITY - ST - ZIP	RIVIERA BEACH FL 33404		2 4 01	Y-ST-ZIP		
TITLE		DELETE	3 1 1111	E		☐ Change ☐ Addition
NAME			3 2 NAI	AE .		
STREET ADDRESS			3.3 STF	EET ADDRESS		
CITY-ST-ZIP		☐ DELETÉ		Y-ST-ZIP		Change Addition
TIFLE			4.1 TITU 4.2 NA	1		Citande Cit vanuali
NAME STREET ADDRESS			1	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TOTLE		DELETE	5.1 TiT			☐ Change ☐ Addition
NAME			5.2 NAI	ME		
STREET ADORESS			5.3 STF	EET ADDRESS		
CrTy - ST - ZrP			5.4 CIT	Y-ST-ZIP		
TITLE		DELETE	6.1 TIT	.E		Change Addition
NAME			6.2 NAI	ME		
STREET ADDRESS			63 STF	EET ADDRESS		
DITY-ST-ZIP	and the floor than in the section of the	of with this files does not not		Y-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes	o I further continues that
informatio I am an ol	n indicated on this annual report or s	upplemental annual report is to the receiver or trustee empow	rue and a rered to ex	ccurate and that	ti my signature shall have the same lega ort as required by Chapter 607, Florida S	I effect as if made under oath; that

SIGNATURE:

(561) 844-1731

FILED

Jan 17 1997 8:00am

Secretary of State