

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 15 AM 11:24

DOCUMENT # K99921 (4)

1. Corporation Name

REGENCY PROFESSIONAL CENTER, INC.

Principal Place of Business

% T.D. AL KISSWANI
4000 E. 3RD STREET
PANAMA CITY FL 32404

Mailing Address

ONE LINCOLN CTR., #970
OAKBROOK TERRACE IL 60181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/05/1989

3a. Date of Last Report
08/10/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

58-1855335

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KISSWANI, T.D. AL
4000 E. 3RD STREET
PANAMA CITY FL 32404

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's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SULTAN, FAROOQ
STREET ADDRESS ONE LINCOLN CTR., #970
CITY ST ZIP OAKBROOK TERRACE IL 60181

1 TITLE D
12 NAME Sultan, Farooq
13 STREET ADDRESS One Lincoln Center # 970
14 CITY ST ZIP Oakbrook Terrace, IL 60181

TITLE D
NAME AWEIDAH, CHARI
STREET ADDRESS ONE LINCOLN CTR., #970
CITY ST ZIP OAKBROOK TERRACE IL 60181

21 TITLE D
22 NAME Mohammed Towfick
23 STREET ADDRESS One Lincoln Center, Ste 970
24 CITY ST ZIP Oakbrook Terrace, IL 60181

TITLE ATAS
NAME ATASSI, GHAZEL
STREET ADDRESS ONE LINCOLN CTR., #970
CITY ST ZIP OAKBROOK TERRACE IL 60181

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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.

SIGNATURE: Ghazel Atassi, Treasurer

Ghazel Atassi

6/2/95 (708)932-4888