

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L02667 (8)

1. Corporation Name

JAMAL MANSOUR ENTERPRISES, INC.



Principal Place of Business

1002 N WESTSHORE BLVD
C/O JAMAL MANSOUR
TAMPA FL 33607

Mailing Address

1002 N WESTSHORE BLVD
C/O JAMAL MANSOUR
TAMPA FL 33607

2. Principal Place of Business

21 201 N Westshore Blvd.

Suite, Apt. #, etc.

22

City & State

23 Tampa FL 33609

Zip

Country

24 33609

25 Hillsborough

2a. Mailing Address

26 1002 N Westshore Blvd.

Suite, Apt. #, etc.

27

City & State

28 Tampa FL 33607

Zip

Country

29 33607

30 Hillsborough

3. Date Incorporated or Qualified

07/17/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2958109

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

MANSOUR, JAMAL
1002 NORTH WESTSHORE BLVD
TAMPA FL 33607

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

Jamal Mansour
Signature, typed or printed name of registered agent and the applicant

(NOTE: Registered Agent's signature required when registering)

DATE

4/19/96

12. OFFICERS AND DIRECTORS

TITLE PST
NAME MANSOUR, JAMAL
STREET ADDRESS 1002 NORTH WESTSHORE BLV
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE VP
NAME MANSOUR, SAMMY
STREET ADDRESS 1002 NORTH WESTSHORE BLV
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE VP
NAME EDDINE, JIHAD J.
STREET ADDRESS 1002 NORTH WESTSHORE BLD
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE VP
NAME EDDINE, ASSEM J.
STREET ADDRESS 1002 NORTH WESTSHORE BLD
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 attachment with an address.

SIGNATURE:

Jamal Mansour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

(813) 289-9386

CR2E034 (12/95)