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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: __



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

	1996	2.7	F CORPORATIONS	
1. Corporation		39 (3)		
INOU	QUE DEVELOPMENT, INC.			1 1889/AN 601 HAIR HAIN 1880 HING 1914 GUAL BURL GUAL GUAL GUAL GUAL GUAL GUAL GUAL GUA
Principal Place of Business Mailing Ad				
290 N. US HIGHWAY 1		290 N. US HIGHWAY 1		
ORMONU	BEACH FL 32174	ORMOND BEACH F	L 32174	
2. Principal Place of Business				3. Date Incorporated or Qualified 3a. Date of Last Report 08/31/1989 05/31/1995
21 Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3095325 Not Applicable
22		27		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199,032.
<u></u>	25 25. Name and Address of Current	29 Registered Agent	[30]	Florida Statutes
			81 Name	
SABO	UNGI, HASSAN		82 Street	Hassan Saboung: Address (P.O. Box Number is Not Acceptable)
A-WOODGATE-OF-			29	C. S. I
UHMU	ND BCH. FL 32174		83	
			84 City	85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statuti	es, the above named c	croration submits this statement for the purpose of statement for the purp
familiar wit	n, and accept the obligations of, Section	i. Such change was authoriz n 607.0505, Florida Stalutes	ed by the corporation's	opporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE				
12.	Signature, typed or printed name of registered agent ar OFFICERS AND		I E: Rugisterco Agent signature	
TITLE	P	⊠ i DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Vice President/Director Change Addition
NAME	SABOUNGI, MAHMOUD		1.2 NAME	Leonard Friedman
STREET ADDRESS	648 RIVERSIDE DR		1.3 STREET ADDRESS	4691 S. Atlantic Ave
CITY-ST-ZIP TITLE	ORMOND BCH. FL	PCZ DCI CTC	1.4 C(11Y - ST - Z(P	Ponce Inlat, FL 32127
NAME	NASSER, JACOB	▼ DELETE	2 1 7171.5	Vice President/Director Change Addition
STREET ADDRESS	201 W COTTESMORE CIR		2.2 NAME 2.3 STREET ADDRESS	Alfred Flefel
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	201 E. Cottermore Cir.
TITLE	TS	DELETE	3. 1 TITLE	Longwood, FL 32779 Secretary / Director
NAME	SABOUNGI, HASSAN		3 2 NAME	Geraldine Friedman
STREET ADDRESS CITY-ST-ZIP	5 WOODGATE CT ORMOND BCH. FL		3.3. STREET ADDRESS	4691 S. Atlantic Ave
TITLE	CIMICIAD DOTI. 7L	DELETE	3.4 CrTY-ST-ZrP	Pance Inlet, FL 32127
NAME		FT Secret	4. 1 TITLE 4.2 NAME	Change Addition
STREET ADDRESS			4.3 STREET ADDRESS	Sylvia Flefel 201 E. Cottermore Cir.
CITY-ST-ZIP			4.4 CITY - S1 - ZIP	
TIFLE		DELETE	5. 1 TITLE	President / Director Change Addition
NAME STREET ADORESS			5.2 NAME	Mahmoud Saboungi
CITY-ST-ZIP			5.3 STREET ADDRESS	648 Riverside Or
IITLE		☐ DELETE	54 CHY-ST-ZIP 6 1 TITLE	Ormand Beach, Fl 32176
NAME			6.2 NAME	Treasurer Director Change Addition
STREET ADDRESS			6.3 STREET ADDRESS	Hassan Saboungi 290 N. U.S. 1
OTY-ST-ZIP				
	cortification information		6.4 CITY - ST - ZIP	by for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further curate and that my stated in Section 119.07(3)(k), Florida Statutes. I further

5/29/96 904-672-2077