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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L12739

(3)

1. Corporation Name:
TASQUE DEVELOPMENT, INC.

Principal Place of Business
290 N. US HIGHWAY 1
ORMOND BEACH FL 32174

Mailing Address
290 N. US HIGHWAY 1
ORMOND BEACH FL 32174-4504



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 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

3. Date Incorporated or Qualified
08/31/1989

3a. Date of Last Report
06/03/1996

4. FEI Number
59-3095325

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

SABOUNGI, HASSAN

290 N. US-1 1570 John Anderson Dr
ORMOND BCH. FL 32174 32176

10. Name and Address of New Registered Agent

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, LEONARD	
STREET ADDRESS	4691 S ATLANTIC AVE	
CITY - ST - ZIP	PONCE INLET FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FLEFEL, ALFRED	
STREET ADDRESS	201 E COTTERMORE CIR	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, GERALDINE	FRIEDMAN
STREET ADDRESS	4691 S ATLANTIC AVE	
CITY - ST - ZIP	PONCE INLET FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLEFEL, SYLVIA	
STREET ADDRESS	201 E COTTERMORE CIR	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SABOUNGI, MAHMOUD	
STREET ADDRESS	648 RIVERSIDE DR	
CITY - ST - ZIP	ORMOND BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SABOUNGI, HASSAN	SABOUNGI
STREET ADDRESS	290 N. US-1 1570 John Anderson Dr	
CITY - ST - ZIP	ORMOND BCH FL 32176	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Hassan Saboungi TREASURER

2/14/97 904-672-2077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)