

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90037 032 \*\*\*150.00

DOCUMENT # L12739

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1989

4. FEI Number

59-3095325

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SABOUNGI, HASSAN  
1570 JOHN ANDERSON DR.  
ORMOND BCH. FL 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 ☐ DELETE

NAME FRIEDMAN, LEONARD  
STREET ADDRESS 4691 S ATLANTIC AVE  
CITY-ST-ZIP PONCE INLET FL

TITLE VPD ☐ DELETE

NAME FLEFEL, ALFRED  
STREET ADDRESS 201 E COTTERMORE CIR  
CITY-ST-ZIP LONGWOOD FL

TITLE SD ☐ DELETE

NAME FRIEDMAN, GERALDINE  
STREET ADDRESS 4691 S ATLANTIC AVE  
CITY-ST-ZIP PONCE INLET FL

TITLE D ☐ DELETE

NAME FLEFEL, SYLVIA  
STREET ADDRESS 201 E COTTERMORE CIR  
CITY-ST-ZIP LONGWOOD FL

TITLE PD ☐ DELETE

NAME SABOUNGI, MAHMOUD  
STREET ADDRESS 648 RIVERSIDE DR.  
CITY-ST-ZIP ORMOND BCH FL

TITLE TD ☐ DELETE

NAME SABOUNGI, HASSAN  
STREET ADDRESS 1570 JOHN ANDERSON DR.  
CITY-ST-ZIP ORMOND BCH FL

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 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, with all other like empowered.

SIGNATURE:

*Signature Required*  
HASSAN SABOUNGI

3/15/99

Date

904-672-2077

Daytime Phone #

CR2E034 (1/98)