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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 8:11

DOCUMENT # **L28361** **(8)**

1. Corporation Name
AL-ASSAR UNITED, INC.

Principal Place of Business	Mailing Address
4499 W IRLO BRONSON MEMORIL HWY KISSIMMEE FL 34746	7701 DAWBERRY CT. ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1989
3a. Date of Last Report: 08/17/1994

2. Principal Place of Business — 21: 8204 S. ORANGE BLOSSOM TRAIL
2a. Mailing Address — 26:
22: Suite, Apt. #, etc.
27: Suite, Apt. #, etc.
23: City & State: ORLANDO FLORIDA
28: City & State:
24: Zip: 32809
25: County: ORANGE
29: Zip:
30: County:

4. FEI Number: 59-0501231 ☐ 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

9. Name and Address of Current Registered Agent

AL-ASSAR, HISHAM M.
4499 W. IRLO BRONSON MEM.
KISSIMMEE FL 34746

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	AL-ASSAR, MAHMOUD A.	12 NAME	AL-ASSAR MAHMOUD	
STREET ADDRESS	511 N. MAITLAND AVE.	13 STREET ADDRESS	7701 DAWBERRY CT	
CITY ST ZIP	MAITLAND FL	14 CITY ST ZIP	ORLANDO, FL 32819	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	EL-ASSAR, ESSAM M	22 NAME		
STREET ADDRESS	4499 W IRLO BRONSON MEM	23 STREET ADDRESS		
CITY ST ZIP	KISSIMMEE FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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 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: Essam EL-Assar ESSAM EL-ASSAR 6-8-95 407-876-3686
(SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0061073 CP