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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	IN FIRE L31888 RI ENTERPRISES, INC.	(5)						
Principal Place of Business Mailing Address					4 1884  14 18 18 18 18 18 18 18 18 18 18 18 18 18	i didik digir digil		JIDH HOI
% FREDERICK G. KHOURI. JR. 1601 SW 154TH AVE PEMBROKE PINES FL 33027-2302 US		* FREDERICK G. KHOURI. JR. 1801 SW 154TH AVE PEMBROKE PINES FL 33027-2302 US		Date Incorporated or Qualified   3a. Date of Last Report				
					11/21/1989	04/12/	1996	
	Place of Business	2a. Mailing Address			4. FEI Number			plied For
Suite, Apt	<b>1</b>	Suite Ant # etc	Suite, Apt. #, etc.		65-0157110	\$9.75 Additi		t Applicable
2] 27]					5. Certificate of Status Desired		Fee Re	
City & Sta	ile	City & State		***************************************	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	
Ζιρ <b>4</b>	Country 25	Zip	Country	,	8. This corporation has liability for	intangible tax	under s.	
	9. Name and Address of Current		81	T	10. Name and Address of New R	egistered Age	nt	
KHOURI, FREDERICK G., JR.				Name				
1601 SW 154TH AVE			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	······································	
PE	MBROKE PINES FL 33027		63	ļ				
			Ĺ					·······
			84	City		FL	<b>85</b> Zip (	Code
agent i SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation familiar, uped a procedure of registered agent OFFICERS AND	it and ritle if applicable (NOTE:			ited when reinstaling)  ADDITIONS/CHANGES TO OFFI	DATE		
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAMI	KHOURI, FREDERICK G., JR		1.2 NAME	ļ				
STREET ADDRESS				ADDRESS				
C(TY+S1-7IP	PEMBROKE PINES FL	☐ DELETE	1.4 City - 5 2.1 Title	ST-ZIP		т	Change	Addition
NAME		C DECEIR	2.1 TILLE 2.2 NAME	ļ		سبنا	i Autura	AUUIIIUII
ranie Street address				T ADORESS		•		
CBY SI ZIF			2 4 GITY-					
11101		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME	ļ				
STREET ADDRESS	5			r Address				
CHTY - S1 - ZIP		DELETE	3.4. CiTY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
HTLE NAME		; ריין מנוגונ	4.1 TITLE 4.2 NAME	}		Ĺ	Change	FT MOUNDS
nami Sireet address		•		T ADDRESS				
OFF-ST-ZIP			4.4 CITY-5					
1011		DELETE	5.1 TITLE	***	······································		Change	Addition
NAME:			5 2 NAME	ĺ				
STREET ADDRESS	5		5.3 STREET	ADDRESS				
CITY+S1+ZF1			5.4 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 I am an office: 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 nappears in Block 12 or Block 13 if changed of on an attachment with an address.

6.4 CITY - ST- ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TIFLE

STREET ADDRESS.

DELETE

Change

Addition

**FILED** 

May 13 1997 8:00am

Secretary of State