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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

26 Suite Apt # etc. Suite, Apt. #, etc. 27 Su	eport plied For It Applicable Additional quired May Be o Fees 199.032,
Principal Place of Business 3915 ST, LUCIE BLVD. PO BOX 1829 PT, PIERCE FL 34954 US 3. Date Incorporated or Qualified US 4. FEI Number 65-02 15931 No 65-	eport plied For It Applicable Additional quired May Be o Fees 199.032,
Suite Ap: # etc. Suite Ap: #	eport plied For It Applicable Additional quired May Be o Fees 199.032,
US 3. Date incorporated or Qualified 07/1/1/1990 36. Date of Last Re 07/1/1/1990 4. FEI Number 56 5-02 15931 No. Suite Apt. #, etc. Suite, Apt. #	plied For It Applicable Additional quired May Be o Fees 199.032,
Suite Apt # etc. Suite Apt #	t Applicable Additional quired May Be o Fees 199.032,
Suite, Apt. #, etc. Suite, Apt. #, etc.	Additional quired May Be o Fees 199.032,
City & State Country Zip Country Zip Country Zip Country S, This corporation has liability for intangible tax under s. Florida Statutes Florida Statutes Yes No 9. Name and Address of Current Registered Agent MAKTOUF SAMIR 4250 N. A1A APT. 1204 FORT PIERCE FL 34949 82 Street Address (P.O. Box Number is No) Acceptable) Roll City PL S Zip 32 Street Address (P.O. Box Number is No) Acceptable) City Vevo - Reactive FL S Zip 32 Street Address (P.O. Box Number is No) Acceptable) City Vevo - Reactive FL S Zip 32 Street Address (P.O. Box Number is No) Acceptable) City Vevo - Reactive FL S Zip 32 Street Address (P.O. Box Number is No) Acceptable) City Vevo - Reactive FL S Zip 32 Street Address (P.O. Box Number is No) Acceptable) City Vevo - Reactive FL S Zip 32 Street Address (P.O. Box Number is No) Acceptable) City Vevo - Reactive FL S Zip 32 Street Address (P.O. Box Number is No) Acceptable) City Vevo - Reactive FL S Zip 32 Street Address (P.O. Box Number is No) Acceptable) City Vevo - Reactive FL S Zip 32 Street Address (P.O. Box Number is No) Acceptable) City Vevo - Reactive FL S Zip 32 Street Address (P.O. Box Number is No) Acceptable Visit Address (P.O. Box Number is No) Acceptable City Vevo - Reactive FL S Zip 32 Street Address (P.O. Box Number is No) Acceptable City Vevo - Reactive FL S Zip 32 Street Address (P.O. Box Number is No) Acceptable City Vevo - Reactive FL S Zip 33 Address (P.O. Box Number is No) Acceptable City Vevo - Reactive FL S Zip 34 Advivation A	May Be o Fees 199.032, Code 9 63
Zip Country Zip Country 8. This corporation has Hability for intengible tax under some state of provided statutes Yes No No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MAKTOUF SAMIR 4250 N. A1A APT. 1204 82 Street Address (P.O. Box Number is Not Acceptable) Registered Agent Re	199.032, Code 9 63
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 it 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Possible Proposition P	Code 9 63 s registered
MAKTOUF SAMIR 4250 N. A1A APT. 1204 FORT PIERCE FL 34949 82 Street Address (P.O. Box Number is Not Acceptable) R3 83 City Vevo ~ Beach FL 85 Zip (Back or registered agent or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its 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 agent I am farminar with, and accept the obligations of, Section 607.0505, Florida Statutes. GNATURE Square Type or printed horse of registered agent and accept the obligations of the provision of	s registered
## A250 N. A1A APT. 1204 FORT PIERCE FL 34949 B2 Street Address (P.O. Box Number is No) Acceptable) Repair of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it 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 agent 1 and farminar with, and accept the obligations of, Section 607.0505, Florida Statutes. Solution of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent 1 and farminar with, and accept the obligations of, Section 607.0505, Florida Statutes. Solution of the provisions of Sections 607.0505 and 607.0505, Florida Statutes. Solution farminar with, and accept the obligations of, Section 607.0505, Florida Statutes.	s registered
FORT PIERCE FL 34949 83 84 City Vevo ~ Beact FL 85 Zipo 32 1. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it 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 agent. Lam farminar with, and accept the obligations of, Section 607.0505, Florida Statutes. IGNATURE Signature by the committed more of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS MAKTOUF, SAMIR 12. NAME	s registered
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing it 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 agent. Lam farminar with, and accept the obligations of, Section 607.0505, Florida Statutes. GNATURE Signature by the comparation's board of directors. I hereby accept the appointment as agent. I am farminar with, and accept the obligations of, Section 607.0505, Florida Statutes. GNATURE Signature by the comparation's board of directors. I hereby accept the appointment as agent. I am farminar with, and accept the obligations of, Section 607.0505, Florida Statutes. GNATURE Signature by the comparation submits this statement for the purpose of changing its office or registered agent and obligations of, Section 607.0505, Florida Statutes. GNATURE Signature by the comparation submits this statement for the purpose of changing its office or registered agent and obligations of, Section 607.0505, Florida Statutes. GNATURE Signature by the comparation submits this statement for the purpose of changing its office or registered agent and obligations of the comparation submits this statement for the purpose of changing its office or registered agent and obligation submits this statement for the purpose of changing its office or registered agent and obligation submits this statement for the purpose of changing its office or registered agent and obligation submits this statement for the purpose of changing its office or registered agent and obligation submits this statement for the purpose of changing its office or registered agent and obligation submits and obligation	s registered
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THE PTS DELETE 1.1 TITLE DEADING Change MAKTOUF, SAMIR 1.2 NAME	
MAKTOUF, SAMIR 1.2 NAME	S IN 12 Addition
PEL BONNESS 1043 MANNITUT O MATEL	
Y-ST-28P VERO BEACH FL 1.4 DITY-ST-ZIP	
LE DELETE 2.1 TITLE Change	Addition
ME 22 NAME RELADORESS 2.3 STREET ADDRESS	
y ST-ZIP 2.4 CITY-ST-ZIP	
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Y-51 7P 34. CITY-ST-ZIP	T Augus
F DELETE 4.1 TITLE Change AL 4.2 NAME	Addition
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LE	Addition
S.2 NAME 5.3 STREET ADDRÉSS :	
Y-ST-ZIP 5.4 CITY-ST-ZIP	
I! DELETE 6.1 TALE Change	☐ Addition
Mc 6.2 NAME 6.3 STREET ADDRESS	
17-51-20' 6.4 C/TY-51-2IP	
4. 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 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 un	
Tam 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 rappears in Block 12 or Block 13 if changed, or on an attachment with an address.	the der oath: th

SIGNATURE:

FILED

May 07 1997 8:00am

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