

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 10 PM 1:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P06101 (0)

1. Corporation Name

LIVE OAK REALTY N.V.

Principal Place of Business

**2700 BARNETT PLAZA
101 EAST KENNEDY BLVD.
TAMPA FL 33602**

Mailing Address

**2700 BARNETT PLAZA
101 EAST KENNEDY BLVD.
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/20/1985

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2490729

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

2. Principal Place of Business

21 501 East Kennedy Blvd.

2a. Mailing Address

26 Post Office Box 1810

Suite, Apt. #, etc.

22 Ste. 1250

Suite, Apt. #, etc.

27

City & State

23 Tampa, Florida

City & State

28 Tampa, Florida

Zip

24 33602

Country

25 U.S.A.

Zip

29 33601

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**GARDNER, MERRITT A.
2700 BARNETT PLAZA
101 EAST KENNEDY BLVD.
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
501 East Kennedy Blvd.

83 Ste. 1250

84 City
Tampa

FL

85 Zip Code
33602

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**A
GHAZZAWI, BELAL T.
KING ABDUL AZIZ ST.
DAMMAM, SAUDI ARABIA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
1ST INDEPENDENT TUST CRS
7 ABRAHAM DE VEERSTRAAT
CURACAO, N ANTILLES**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BELAL T. GHAZZAWI

3/27/95

(813) 576-5684

(A. I. F.)