

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P36534** (6)

1. Corporation Name

KHURY T. CENTER INC.



Principal Place of Business

**807 BELVEDERE RD
WEST PALM BEACH FL 33405**

Mailing Address

**807 BELVEDERE RD
WEST PALM BEACH FL 33405**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**KHURY, CARIDAD C.
807 BELVEDERE ROAD
WEST PALM BEACH FL 33405**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/26/1991

3a. Date of Last Report

03/22/1995

4. FET Number

13-3229580

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature typed or printed name of registered agent or director or officer

(NOTE: Registered Agent signature required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**CP
KHURY, GEORGE C.
45 HAZELTON RD
YONKERS NY**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**VC
KHURY, CARIDAD C.
45 HAZELTON RD
YONKERS NY**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**VS
KHURY, CARIDAD C.
45 HAZELTON RD
YONKERS NY**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (12/95)