

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P92000000546 (1)**

1. Corporate Name

19TH STREET, INC.



Principal Place of Business

**1547 HAMMONDVILLE ROAD
POMPANO BEACH FL 33060**

Mailing Address

**1547 HAMMONDVILLE ROAD
POMPANO BEACH FL 33060**

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
10/29/1992

3a. Date of Last Report
10/30/1995

4. FEI Number

65-0368157

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

**ABDELGHANI, BASAM
1547 HAMMONDVILLE ROAD
POMPANO BEACH FL 33060**

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 of principal officer or director of corporation or registered agent, if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1. P ☐ DELETE
NAME: **BASAM, ABDELGHANI**
STREET ADDRESS: **1547 HAMMONDVILLE RD.**
CITY, ST, ZIP: **POMPANO BEACH FL 33060**
2. ☐ DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
3. ☐ DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
4. ☐ DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
5. ☐ DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
6. ☐ DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
5. 2. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP
9. 3. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP
13. 4. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP
17. 5. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP
21. 6. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. 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)(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: *Basam Abdelghani*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-96

Date

Daytime Phone #

CR2E034 (12/95)