

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90119 022 ***150.00

DOCUMENT # **P93000047296**

1. Corporation Name
MANSOUR'S, INC.

Principal Place of Business
**4124 W. COLONIAL DR.
ORLANDO FL 32808**

Mailing Address
**4124 W. COLONIAL DR.
ORLANDO FL 32808**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1993

4. FEI Number **59-3193724**
Applied For ☐
Not Applicable ☒

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANSOUR, MAGDY A
3532 GATLIN PLACE CR.
ORLANDO FL 32812**

81 Name **MANSOUR, MAGDY A.**
82 Street Address (P.O. Box Number is Not Acceptable)
4442 BEGONIA COURT
83
84 City **WINDERMERE** FL 85 Zip Code **34786**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MANSOUR, MAGDY**
STREET ADDRESS **3532 GATLIN PLACE CIR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **MANSOUR, FRANCES M**
STREET ADDRESS **3532 GATLIN PLACE CIR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D** ☒ Change ☐ Addition
12 NAME **MANSOUR, MAGDY**
13 STREET ADDRESS **4442 BEGONIA CT**
14 CITY-ST-ZIP **WINDERMERE, FL. 34786**

21 TITLE **D** ☒ Change ☐ Addition
22 NAME **MANSOUR, FRANCES M.**
23 STREET ADDRESS **4442 BEGONIA CT**
24 CITY-ST-ZIP **WINDERMERE FL. 34786**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAGDY A. MANSOUR

Date

3-16-99

Daytime Phone #

(407) 293-2411

CR2E034 (11/98)