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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNI	PORATION AL REPORT Secretary of State DIVISION OF CORPORATIONS				Secretary of State				
1. Corporation	MENT # <b>P9300</b> TAL OUTLET, INC.	00493	55 (9)	Name of the last		E HOWARD HA HARD HAN TOWN AND A			
Principal Place of Business 5283 W ATLANTIC AVE DELRAY BCH. FL 33484 US		5283 W A	Mailing Address 5283 W ATLANTIC AVE DEERFIELD BCH. FL 33484-8134 US			3. Date incorporated or Qualified 3a. Date of Last Report			
						07/08/1993	04/16/1	996	
2. Principal F	Place of Business	2a. Mailin 26	g Address			4. FEI Number 59-3197341		<del>                                      </del>	plied For t Applicable
Suite, Apt	#, etc.		Apt. #, etc			Certificate of Status Desired			Additional
City & Stat	10	City &	State	····		6. Election Campaign Financing	<del></del>		May Be
23		28			<del> </del>	Trust Fund Contribution		Added t	o Fees
Zip [24]	Country 25	Zip	ļ.	Coun <b>30</b>	try	<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	r intangible tax u		199.032,
24	9, Name and Address of Curr			30]		10, Name and Address of New F			
	SAN, NITHAM			[	Name				
					32 Street Ac	dress (P.O. Box Number is Not Accept	able)		
DE	ERFIELD BEACH FL 33484	:		};	33				
1/[	F 1 1997 POOR NO	•							
•					64 City		F1 85	Zip (	Code
	to the provisions of Sections 607.05 registered agent for both, in the Sta am familiar with, and accept the obli	502 and 607.150 te of Florida. Suc igations of, Section	8, Florida Statute th change was au on 607.0505, Flor	s, the about the state of the s	ove-named or by the corpor tes.	orporation submits this statement for the ration's board of directors. I hereby acc	purpose of char ept the appointm	nging its nent as	s registered registered
SIGNATURE	Signature Typed or profedition in of registered a	agent and title if applica	ble. (NOTE	Registered	Agent signature rec	quired when reinstating)	DATE		
12.	1	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OF			
THLE	D LIACAN MITUAN		DELETE	1,1 Tifl	1		ال	Change	Addition
NAME STREET ADDRESS	HASAN, NITHAM 5283 W ATLANTIC AVE			1.2 NAM	EET ADDRESS				
CITY-ST-ZIF	DEERFIELD BEACH FL 3348	4	AV/ROP	, <b>f</b>	1-ST-ZIP				{
HILF	D		DELETE L	2.1 TITL				hange	Addition
NAME	GHUMRAWI, SUMAYYAH		• •	2.2 NA	AE ]				J
STREET ADDRESS	5283 W ATLANTIC AVE	_		2.3 STR	EET ADDRESS				}
CHY-SI-ZIP	DEERFIELD BEACH FL 3348	4	TT nei nee		Y-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
11 <sup>T</sup> LF		. •	DELETE	3.1 TITE	1		Ü	Change	Addition
NAME STREET ADDRESS				3.2 NAM	EET ADDRESS				Ì
CITY - S1 - ZIF					Y-ST-ZIP				Í
TITLE			DELETE	4.1 7171				Change	Addition
NAME				4. 2 NA	ме				ļ
STREET ADDRESS				4.3 SYR	EET ADDRESS				
City St-Zil			TT on see		(-ST-ZIP		······································		
T-ILF			DELETE	51 TITL			L) (	Change	Addition ]
NAME CTOLL LADDOLCC				5.2 NAM					
STREET ADDRESS CITY-ST-ZIP	İ			•	EET ADDRESS Y-ST-ZIP				ļ
Tritt		··	DELETE	6.4 CIT		·		Change	Addition
NAME				6.2 NAM	į.			-	
STREET ADDRESS				6.3 STR	eet address				{
Dity-\$1-78	}			64 00	(-ST-ZIP				

14. 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 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 attyphment with an address.

GHUMRAWI (561)499

**FILED** 

Apr 28 1997 8:00am