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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P93000071302 (2)

 Corporation Name CHEHAB & SONS ENTERPRISES, INC. Principal Place of Business Mailing Address 9202 N 56TH ST 11818-A RAINTREE LAKE LANE **TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 33617** 3. Date Incorporated or Qualified 3a. Date of Last Report 10/08/1993 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEt Number Applied For 21 59-3204242 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees  $Z_{ip}$ Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHEHAB, SAMIR Street Address (P.O. Box Number is Not Acceptable) 82 11818-A RAINTREE LAKE LANE **TEMPLE TERRACE FL 33617** 83 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIFIECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE Change ☐ Addition CHEHAB, SAMIR NAME 1.2 NAME 11818-A RAINTREE LAKE LANE STREET ADDRESS 1.3 STREET ADDRESS **TEMPLE TERREACE FL 33617** CITY-ST-ZIP 1.4 CITY-ST-ZIP מ TITLE DELETE 2 1 TITLE ☐ Addition Change CHEHAB, SAMI NAME 2.2 NAME 11818-A RAINTREE LAKE LANE STREET ADDRESS 2.3 STREET ADDRESS **TEMPLE TERREACE FL 33617** CITY-ST-ZIP 2 4 CITY - ST - ZIP D TITLE DELETE 3 1 TITLE Change Addition CHEHAB, OMRON NAME 32 NAME 11818-A RAINTREE LAKE LANE STREET ADORESS 3.3. STREET ADDRESS **TEMPLE TERREACE FL 33617** CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-ZIP 4.4 CITY - ST-2IP TITLE □ DELETE 5 1 TITLE ☐ Change ☐ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIF 64 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 open attachment with an exclusion.

(12/95)

**CR2E034** 

985-7481 X 2042