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**

DOCUMENT # P93000082072 1. Corporation Name

GRAY FIFTH AVENUE II, INC.

		_	_
Principal	Place	of	Business

Mailing Address

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90125 007 ***150.00



1317 FLORIDA MALL AVENUE 1317 FLORIDA MALL AVENUE ORLANDO FL 32809 ORLANDO FL 32809						
ORLANDO FL 3	2809	ONLANDO PL 32009			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	$\neg \neg$
					11/22/1993	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-3211700 Not Applica	ble
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	1
22		27			5. Certificate of Status Desired Fee Required	
City & State	•	City & State	-		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip ·	Country	y	8. This corporation owes the current year Intangible	
24	25	29 30	<u> </u>		Personal Property Tax. Yes Tho	
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
ACCO	11 100484		81	Name		
	HI, ISSAM		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
2383 RIVER TREE CIRCLE						
SANI	FORD FL 32771		83	\$		
			84	City	85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named corpo	poration submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registered	ed
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Fiorida. Such chande was auto	onzeu ov	/ me corporatio	ons board of directors. Thereby accept the appointment as registered	
SIGNATURE	d	ISSAM Merh	9	· Ara	ident 4/9/99	- {
SIGNATURE	Signature, based or printed name of registered agent a		gistered Age	ent signature required		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	Р	☐ DELETE	1.1 TITLE		☐ Change ☐ Add	ומסחן
NAME	MERHI, ISSAM C.		1.2 NAME			- (
STREET ADDRESS	1317 FLORIDA MALL AVENUE		1.3 STREE	ET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY+	ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	l	☐ Change ☐ Add	lition }
NAME	SLEIMAN, ISSAM		2.2 NAME			
STREET ADDRESS	1317 FLORIDA MALL AVE.		2.3 STREE	ET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-	ST-ZIP	W-10	
TITLE	-	DELETE	3.1 TITLE		Change Ad	fition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	ET ADDRESS	•	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Adr	dition
NAME			4. 2 NAME	:		
STREET ADDRESS			4.3 STREE	ET ADDRESS		ł
CITY-ST-ZIP	•	•	4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Add	dition
NAME			5.2 NAME			ł
STREET ADDRESS			5.3 STREE	ET ADDRESS		ĺ
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Ad	dition
NAME			6.2 NAME	:		
STREET ADDRESS			6.3 STREI	ET ADDRESS		
CITY OF 78D			6.4 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 suppliemental 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: