

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

FILED  
Jun 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P94000053028</b>			
1. Corporation Name <b>HYLOU OF VOLUSIA, INC.</b>			
Principal Place of Business <b>FLORIDA</b>		Mailing Address <b>47 N. ST. ANDREW DR. ORMOND BCH-FL 32174</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent <b>Walia Dabbe 47 N. St. Andrews Dr. Orm. Bch. FL. 32174</b>		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 <b>Walia Dabbe</b>		DATE <b>26/15/97</b>	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> DELETE		1.1 TITLE <b>VICE-PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME <b>HIYAM KANAAN</b>		1.2 NAME <b>WALID DABBE</b>	
1.3 STREET ADDRESS <b>1800 OLD MEADOW RD</b>		1.3 STREET ADDRESS <b>410 47 N. ST. ANDREW DR.</b>	
1.4 CITY-ST-ZIP <b>MCLEAN - VA 22102</b>		1.4 CITY-ST-ZIP <b>ORMOND BCH - FL 32174</b>	
2.1 TITLE <b>PRESIDENT</b> <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME <b>PATRICIA DABBE</b>		2.2 NAME	
2.3 STREET ADDRESS <b>410 47 N. ST. ANDREW DR.</b>		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP <b>ORMOND BCH - FL 32174</b>		2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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5.1 TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-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 attachment with an address.			
SIGNATURE: <b>Walia Dabbe</b>		4-21-97 (904) 615-8944	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			

CR202-19/96