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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000057752 (5)**

1. Corporation Name
NREC INDIAN HARBOUR, INC.

Principal Place of Business	Mailing Address
% STEVEN M. SAMAHA 201 N. FRANKLIN ST., SUITE 2100 TAMPA FL 33602	% STEVEN M. SAMAHA 201 N. FRANKLIN ST., SUITE 2100 TAMPA FL 33602-5813

3. Date Incorporated or Qualified: 08/04/1994
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business
21 c/o Carl Steyerwald
22 State, Apt. #, etc.: 30 Rowes Wharf, Suite 410
23 City & State: Boston, MA
24 Zip: 02110
25 Country: USA

2a. Mailing Address
26 c/o Carl Steyerwald
27 Suite, Apt. #, etc.: 30 Rowes Wharf, Suite 410
28 City & State: Boston, MA
29 Zip: 02110
30 Country: USA

4. FEI Number: 59-3269366 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SAMAHA, STEVEN M
201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AL-ESSA, JAMIL S		1.2 NAME	
STREET ADDRESS	P.O. BOX 22644 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFAT 13087 KUWAIT FL		1.4 CITY-ST-ZIP	
TITLE	VASD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	AL-ESSA, TAREK ABDUL A		2.2 NAME	
STREET ADDRESS	P.O. BOX 22644 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFAT 13087 KUWAIT FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAYAT, OMRAN HABIB J		3.2 NAME	
STREET ADDRESS	P.O. BOX 22644 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	SAFAT 13087 KUWAIT FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 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-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: X Jamil Sultan Al-Essa (Director/President) 4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #