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Jan 31 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 # P94000063498 (7)

1. Corporation Name

ATASSI ENTERPRISES, INCORPORATED

Principal Place of Business

8549 FORT THOMAS WAY  
ORLANDO FL 32822

Mailing Address

P.O. BOX 720400  
ORLANDO FL 32872-0400  
US

3. Date Incorporated or Qualified

08/21/1994

3a. Date of Last Report

03/04/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-3263724

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

ATASSI, AMJAD A  
8549 FORT THOMAS WAY  
ORLANDO FL 32822

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

Signature typed or printed of new or existing registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PC  
NAME  
ATASSI, AMJAD A  
STREET ADDRESS  
8549 FORT THOMAS WAY  
CITY-ST-ZIP  
ORLANDO FL

TITLE ☐ DELETE

D  
NAME  
ATASSI, MARY LOU  
STREET ADDRESS  
8549 FORT THOMAS WAY  
CITY-ST-ZIP  
ORLANDO FL

TITLE ☒ DELETE

V  
NAME  
ATASSI, SALMAN A  
STREET ADDRESS  
8549 FORT THOMAS WAY  
CITY-ST-ZIP  
ORLANDO FL

TITLE ☐ DELETE

S  
NAME  
ATASSI, HANAH T  
STREET ADDRESS  
8549 FORT THOMAS WAY  
CITY-ST-ZIP  
ORLANDO FL

TITLE ☐ DELETE

T  
NAME  
ATASSI, DENA J  
STREET ADDRESS  
8549 FORT THOMAS WAY  
CITY-ST-ZIP  
ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Amjad A. Atassi*

AMJAD A. ATASSI

1-24-97 (467)381-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000018

CR2E034 (9/96)