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FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/21/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Contry

24 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATASSI, AMJAD A
8549 FORT THOMAS WAY
ORLANDO FL 32822

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 name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

January 15, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 E

☐ Change ☐ Addition

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

1.2 E

☐ Change ☐ Addition

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

1.3 SET ADDRESS

1.4 -ST-ZIP

2.1 E

☐ Change ☐ Addition

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

2.2 E

2.3 SET ADDRESS

2.4 -ST-ZIP

3. E

☐ Change ☐ Addition

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

3.4 E

3.5 SET ADDRESS

3.6 -ST-ZIP

4. E

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 E

4.2 SET ADDRESS

4.3 -ST-ZIP

5.1 E

☐ Change ☐ Addition

5.2 E

5.3 SET ADDRESS

5.4 -ST-ZIP

6.1 E

☐ Change ☐ Addition

6.2 E

6.3 SET ADDRESS

6.4 -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 supplemental annual report is true and accurate as 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 15, 1998

Date

Daytime Phone # 0496295

CR2E034 (10/97)