

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000072663 (5)**

1. Corporation Name

JAD'S EMPIRE, INC.



Principal Place of Business

**2400 E COMMERCIAL BLVD
SUITE 204
FT LADUERDALE FL 33308
US**

Mailing Address

**2400 E COMMERCIAL BLVD
SUITE 204
FT LADUERDALE FL 33308
US**

3. Date Incorporated or Qualified

10/04/1994

3a. Date of Last Report

06/20/1995

2. Principal Place of Business

21 9941 SW 4th Street

Suite, Apt. #, etc.

22 City & State

Plantation, FL

23 Zip Country

33324 USA

2a. Mailing Address

26 9941 SW 4th Street

Suite, Apt. #, etc.

27 City & State

Plantation, FL

28 Zip Country

33324 USA

4. FEI Number

65-0528561

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

g. Name and Address of Current Registered Agent

**URI, SUZAN
5005 NW 58TH TER
CORAL SPRINGS FL 33067**

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 for proof of filing of registered agent with the state

Signature typed for proof of filing of registered agent with the state

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	URI, SUZAN	
STREET ADDRESS	5005 NW 58TH TER	
CITY - ST - ZIP	CORAL SPRINGS FL 33067	
TITLE	VPS	☐ DELETE
NAME	NOFAL, KAHOOK	
STREET ADDRESS	11020 SW 54TH ST	
CITY - ST - ZIP	FT LAUDERDALE FL 33328	
TITLE	DT	☐ DELETE
NAME	WAEI, DAHSHAH	
STREET ADDRESS	9005 VINEYARD LAKE DR	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D/P	☒ Change ☐ Addition
2. NAME	Uri, Suzan	
3. STREET ADDRESS	5005 NW 58th Terrace	
4. CITY - ST - ZIP	Coral Springs, FL 33067	
5. TITLE	VP/T/D	☒ Change ☐ Addition
6. NAME	Kahook, Nofal	
7. STREET ADDRESS	9941 SW 4th Street	
8. CITY - ST - ZIP	Plantation, FL 33324	
9. TITLE	D/S	☒ Change ☐ Addition
10. NAME	Dahshah, Wael	
11. STREET ADDRESS	1681 NW 100th Way	
12. CITY - ST - ZIP	Plantation, FL 33322	
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

954 771 3776

CR2E034 (12/95)