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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90060 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000087757

1. Corporation Name
CONCH SHELL PROPERTIES, INC.

Principal Place of Business

313 DUVAL ST.
KEY WEST FL 33040
US

Mailing Address

905 VON PHISTER ST
KEY WEST FL 33040
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1994

4. FEI Number

65-0542514

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SAMAH, FOUAD
905 VON PHISTER ST
KEY WEST FL 33040

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **V**
LADHA, ISSA F
STREET ADDRESS **1401 SIMONTON STREET 9020 EASTERLING DR**
CITY-ST-ZIP **KEY WEST FL ORLANDO, FL. 32819**

TITLE ☐ DELETE

NAME **S**
LADHA, NAVEEN
STREET ADDRESS **1401 SIMONTON STREET 9020 EASTERLING DR.**
CITY-ST-ZIP **KEY WEST FL ORLANDO, FL. 32819**

TITLE ☐ DELETE

NAME **T**
SAMAH, EVAGELIA
STREET ADDRESS **905 VON PHISTER ST**
CITY-ST-ZIP **KEY WEST FL**

TITLE ☐ DELETE

NAME **P**
SAMAH, FOUAD
STREET ADDRESS **905 VON PHISTER ST**
CITY-ST-ZIP **KEY WEST FL**

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **9020 EASTERLING DR.**
1.4 CITY-ST-ZIP **ORLANDO, FL. 32819**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **9020 EASTERLING DR.**
2.4 CITY-ST-ZIP **ORLANDO, FL. 32819**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FOUAD SAMAH, PRES. JAN. 20, 99 (305) 294-4111

Date

Daytime Phone #

CR2E034 (11/98)