FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADORESS

SIGNATURE:

CITY-ST-7/P



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500001670 (5)

KAYAL AND ASSOCIATES, INC.

939 FRAMIINGHAM COURT, #203 LAKE MARY FL 32746		939 Framilingham Court. #203 Lake Mary Fl 32746-3385								
							3. Date Incorporated or Qualified 01/05/1995	1	ate of Last F	Report
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			pplied For
	[W. Colonel Dr	26	. — · · · · · · · · · · · · · · · · · ·			59-3353716		N	ot Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		7	Additional lequired		
City & Stal	le a	City & State			& Floation Compaign Figure :					
23 000		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip		Country			8. This corporation has liability for			s. 199.032,
24	25 9. Name and Address of Curre	29	30	 		.		Yes [
1/41		ent negisteren Age	TIL .	81		Name	10. Name and Address of New Re	gisterea /	Agent	
KAYAL, JOSEF 939 FRAMLINGHAM COURT, #203					L					
LAKE MARY FL 32746				82 Street Ad		Street Addre	ess (P.O. Box Number is Not Acceptate	ole)		
				83						77
				84	1	City		<u></u>	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508 E	lovida Statutes I	he above	L	amed corn	oration submits this statement for the	FL	abanaina	to registered
office or agent. La	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such c igations of, Section 6	nange was autho 107.0505, Florida	orized by Statutes	/ t f 3.	ne corporation	oration submits this statement for the poor's board of directors. I hereby acceptance	of the app	ointment as	registered
SIGNATURE	Signar is Typed or printed one clothey stered a		ALCOTE D				d when reinstating)			
12.		ND DIRECTORS	(NC) E. Pieg	13.	arat :	signature require	ADDITIONS/CHANGES TO OFFIC	DATE PERS AND	DIRECTO	DC IN 12
TITLE	D		DELETE	11 THTLE			ADDITIONS/GENANGES TO OFFIC	ENS AND	Change	Addition
NAME	KAYAL, JOSEF			1.2 NAME					and or large	
STREET ADDRESS	939 FRAMLINGHAM COURT	. #203		1 3 STREET	ΑD	DRESS				
CITY - S1 - ZIP	LAKE MARY FL 32746			14 CITY - ST		· ·				
TITLE	D		DELETE	21 TITLE					Change	Addition
NAME	KAYAL, GEORGE	/		2 2 NAME						
STREET ADDRESS	769 MINERVA LANE			2 3 STREET	ΑD	DRESS				•
CITY - ST - ZIP	LAKE MARY FL 32746			2 4 CITY-S						
TITLE			1 5 5 17 5 5	3 1 TITLE					Change	Addition
NAME			1	3 2 NAME			•	•	_ ,	
STREET ADDRESS				3.3 STREET	ΑD	DRESS				
CITY-ST-ZIP				3.4 CITY - S	ST-	ZIP				
TITLE				4.1 TITLE					Change	. Addition
NAME			ŀ	4. 2 NAME					-	
STREET ADDRESS			ı	4.3 STREET	AD	ORESS				
CITY-ST-7-P				4.4 CITY - S1	T - Z	21P				
1ITLF				5.1 TITLE					☐ Change	Addition
NAME				5.2 NAME					-	
STREET ADDRESS				5.3 STREET	ΑĐ	DRESS				•
CITY-ST-Z-P				5.4 CITY - S1		1				
TITLE				6.1 TITLE					☐ Change	Addition
NAM!			Į	6.2 NAME					•	_

6.3 STREET ADDRESS

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 frustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR