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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000016210 (3)

1. Corporation Name
BEYDOUN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5449 66TH ST. NORTH
ST. PETERSRURG FL 33709

ST. PETERSRURG FL 33709



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|---|--|---|-------------------------------|---|---|---|---------------------------------------|-----------------|--|
| | | | | | Date Incorporated or Qualified 02/27/1995 | 3a. Date of L | ast Rep | ort | |
| . Principal Pia | ce of Business | 2a. Mailing Address | | | 4. FEI Number | | | plied For | |
|] | | 26 | | | 59-3236704 | · · · · · · · · · · · · · · · · · · · | | t Applicable | |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | · | 5. Certificate of Status Desired | Fee Required | | | |
| City & State | | City & State | City & State | | Election Campaign Financing Trust Fund Contribution | | | | |
| Z(р] | Country 25 | Zıp 29 | 30 | ntry | B. This corporation has liability for Florida Statutes | intangible tax un | ders 19 | 99.032, | |
| l | 9. Name and Address of Curren | | | | 10. Name and Address of New | Registered Age | nt | | |
| | | | | 81 Name | | | | | |
| HARRISON, WILLIAM C 233 THRID ST. NORTH ST. PETERSBURG FL 33701 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | 83 | | | | | |
| | | | | 84 City | | FL ⁸ | 5 Zip (| Code | |
| or registere familiar wit SIGNATURE | ed agent, or both, in the State of Floric h, and accept the obligations of, Secti | da. Such change was author on 607.0505, Florida Statuti | rized by the des. | corporation's | orporation submits this statement for the public board of directors. I hereby accept the app | pointment as regi | stered a | gent. I am | |
| · | Signature, typed or printed name of registered agent OFFICERS AND | | | Agent signature | required when reinstating) ADDITIONS/CHANGES TO OF | | RECTOR | S IN 12 | |
| 2. | OFFICERS AND | DELETE | 13. | 71 F | ADDITIONS/CHANGES TO OF | | | Addition | |
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| certify that | t the information indicated on this agri | ua! regiont or supplemental a visition or the receiver or true | urnished and innual report | does not qu | Lalify for the exemption stated in Section 11 accurate and that my signature shall have the ute this report as required by Chapter 607, | ie same ledal ent | KCL as IT I | naue unue | |

SIGNATURE: Nalih Beyde NABiH BEYDOUN Y/P 2/21/96 813.546968;