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

Mailing Address 5473 66TH ST NORTH

US

ST. PETERSBURG FL 33709

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

ST. PETERSBURG FL 33709

\$473 BETH ST NORTH



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000016210 (3)

BEYDOUN ENTERPRISES, INC.

3. Date Incorporated or Qualified 02/27/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3236706 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BEYDOUN, NABIH 7061 BRIARWOOD AVE N Street Address (P.O. Box Number is Not Acceptable) 82 PINELLAS PARK FL 34665 83 City Zip Code 84 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 TITLE TITLE NAME BEYDOUN, NABIH 12 NAME 5473 66TH ST N STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 1.4 CITY - ST - ZIP CITY-ST-7IP Change Addition DELETE 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME MAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 suppliemental 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 of rustee 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 attachmod with an address.

SIGNATURE:

98 813546 9687

FILED

Apr 28 1998 8:00am

Secretary of State

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