

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000029443

1. Corporation Name
MAKAS GARDEN, INC.

Principal Place of Business

**390 N ORANGE AVE
SUITE 1100
ORLANDO FL 32801**

Mailing Address

**P O BOX 4961
ORLANDO FL 32802-4961**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**BC CORPORATE SERVICES OF CENTRAL FLORIDA
390 N ORANGE AVE
SUITE 1100
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

8000002840688--4
-04/15/99 -01098-004
******158.75 ****158.75**
FL

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 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	MASRY, A DR	
STREET ADDRESS	P O BOX 100007 RIYADH 11433	
CITY-ST-ZIP	SAUDI ARABIA	
TITLE	S	[] DELETE
NAME	ATTIA, S	
STREET ADDRESS	1 EDINBURGH GATE	
CITY-ST-ZIP	LONDON SW1X 7LT	
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

11 TITLE	D P	[X] Change [] Addition
12 NAME	MASRY, A. DR.	
13 STREET ADDRESS	P.O. BOX 100007 RIYADH 11433	
14 CITY-ST-ZIP	SAUDI ARABIA	
21 TITLE		[] Change [] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[] Change [] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[] Change [] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[] Change [] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[] Change [] Addition
62 NAME		
63 STREET ADDRESS		
64 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)(a), 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

22 Mar. 99
Date
[] Yes [] No

0091164

CR2E034 (11/98)