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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATION

FILED Jan 20 1998 8:00am Secretary of State

| | 1998 | | DIVISION | OF COR | PORATI | ONS | . } | Scoreta | ry O | 1 56 | ш |
|--|--|--|---|--|------------------------------|--------------------------------|-----------------------------------|---|--------------------------------|-------------------------------|------------------------------|
| | MENT # on Name HASSAN ENTE | P9500002 RPRISES, INC. | 29686 (| 9) | | | | E NACHTAEL HIN TOTAL BUTH BAHK ACHT | es ia es iste da | OO ADAM DAMA W | |
| 5 (1 | | | | | | | | | | | |
| | ce of Business | | Mailing Address | | | | } | | | | |
| 2722 FOUNTAIN VIEW CIRCLE 2722 FOUNTAIN VIEW CIRC 201 201 | | | | | | | } | | | | |
| NAPLES FL 3 | 34109 | NAPLES FL 34109 | | | | Ĺ | DO NOT WRITE IN THIS SPACE | | | | |
| US | | | US | | | (: | 3. Date Incorporated or Qualified | | | | |
| To The State of C | Name of the state of | | A A STORE A TOTAL OF | | · | | | 04/10/1995 | | | |
| | Place of Business | 26 | Mailing Address | i | lı. | | 1 ' | 4. FEI Number NOT APPLICABLE | | <u> </u> | pplied For lot Applicable |
| 21 Suite, Apt. | #. etc. | 26 | Suite, Apt. #, etc | | <u> </u> | | }- | | | | Additional |
| 22 | ., -, | 27 |] | | 0; | | 1 | 5. Certificate of Status Desired | Ė | | lequired |
| City & Star | le | | City & State | | ÷ | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 |] | | <u>ii</u> | | | Trust Fund Contribution | | Added | to Fees |
| <i>Z</i> ĭp | - - | ıntry | Zip 1 | _ | Country | ′ | 1 | 3. This corporation owes or has | ٠ . | | |
| 24 | 25 25 Name and Ad | 29 dress of Current Regi | stered Agent | 30 | | | | Personal Property Tax due Ju D. Name and Address of New I | | | No |
| LIA | SSAN, JANET | | 3-0.00 7.30(| | 81 | Name | | 0, 100100 1100 1100 1100 1100 1100 1100 | 1031010.00 | ,gv | |
| | 22 FOUNTAIN VIEV | VICIBOLE #201 | | | 82 | Chroni | A -1 -1 | (DO Bellation in New York | -blas | | |
| NA | | | 82 | Street | Address | (P.O. Box Number is Not Accept | able) | | | | |
| • • • | | | | | 83 | | | | | | |
| | | | | | 84 | City | | | | 85 Zip | Code |
| | | | | | _ I | ' ' | | | FL | _ 1 1 ' | í |
| 11. Pursuant office or a agent. I a | to the provisions of S egistered agent, or b im familiar with, and a | ections 607.0502 and oth, in the State of Florecopt the obligations of | 607.1508, Fiorida S ida. Such change v of. Section 607.0505 | tatutes, th vas autho 5. Florida | e abov rized b Statute | s-named the corp s. | l corporati poration's | ion submits this statement for the board of directors. I hereby acc | purpose of the app | if changing i pointment as | ts registered registered |
| SIGNATURE | | , | • | | . H | | | | _ ! _ | | |
| 40 | Signature, typed or printed n | arne of registered agent and titl OFFICERS AND DIRE | | | stered Age | ent signature | e required wh | en reinstating) ADDITIONS/CHANGES TO OFF | DATE | D DIRECTOI | 70 151 10 |
| 12. | D | OFFICERS MIND DIME | DELETE | | I.T TITLE | | T | ADDITIONS/CHANGES TO OFF | ICERS AN | Change | Addition |
| NAME : | HASSAN, RAYM | IOND | | 1 | 2 NAME | | - | | | | |
| STREET ADDRESS | | VIEW CIRCLE, #20 | #201 | | 1.3 STREET ADDRESS | | } | | | | |
| CITY-ST-ZIP | NAPLES FL | | • | | 4 CITY-S | · · · · · · · · · | ŀ | | | | |
| TITLE | D | | DELETE | | 1 TITLE | | | | | Change | ☐ Addition |
| NAME | HASSAN, JANE | | | 2 | 2.2 NAME |] |] | | | | |
| STREET ADDRESS | | i view circle, #20 | 01 | 2 | .3 STREET | ADDRESS | ł | | | | |
| CITY-ST-ZIP | NAPLES FL | | | | . 4 ÇITY- | T-ZIP | ļ | | 2,1 | | |
| TITLE | | | DELETE | 1 | 1 TITLE | İ | İ | | | Change | Addition |
| NAME . | | | | 1 | .2 Name .3 Street | *BOOCCE | 1 | | | | . } |
| STREET ADDRESS CITY - ST - ZIP | | | | | .4. CITY-S | 1 |) | | | | |
| TITLE | | | DELETE | | .4. <u>On 1-3</u> | N-LIF | - | | | Change | Addition |
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| CITY-ST-ZIP | | | | 1_4 | .4 <u>CIT</u> Y- <u>S</u> | T-ZIP | | | | | |
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| STREET ADDRESS | | | | 5 | 3 STREET | ADDRESS | { | | | | - |
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| TITLE | | | L_ DELETE | 5 | 1 TITLE | | | | | L Change | L_ Addition |
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| STREET ADDRESS | | | | | .3 STREET | | | | | | |
| 14. I hereby c | ertify that the informa | tion supplied with this | filing does not quali | ify for the | 4 CITY-5 exempt | ion stated | d in Secti | on 119.07(3)(i), Florida Statutes. | I further ce | rtify that the | information |
| indicated | on this annual report | or supplemental annua | il report is true and | accurate | and_tha | ıt my sigr | nature sha | all have the same legal effect as by Chapter 607, Florida Statutes | if made un | ider oath; tha | atiaman [|