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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

99 MAR -4 PM 1:10

DOCUMENT # P95000034250

1. Corporation Name
OLIVEART, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5990 (R) N. FEDERAL HWY.
FORT LAUDERDALE FL 33308

Mailing Address
5990 (R) N. FEDERAL HWY.
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 8549 Bay River Road
Suite, Apt. #, etc.
22
City & State
23 Navarre, FL
Zip Country
24 32566 25 USA
2a. Mailing Address
26 8549 Bay River Road
Suite, Apt. #, etc.
27
City & State
28 Navarre, FL
Zip Country
29 32566 30 USA

3. Date Incorporated or Qualified
04/26/1995
4. FEI Number
65-0759314
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

KAHOOK, NOFAL
5990 (R) N. FEDERAL HWY.
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name Naim Alherimi
82 Street Address (P.O. Box Number is Not Acceptable)
8549 Bay River Road
83
84 City Navarre FL 85 Zip Code 32566

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 Naim D. Alherimi Naim D. Alherimi 3-3-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when filing a statement of change of registered agent.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P
NAME	KAHOOK, NOFAL	12 NAME	Alherimi, Naim
STREET ADDRESS	5990 (R) N. FEDERAL HWY.	13 STREET ADDRESS	8549 Bay River Road
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	14 CITY-ST-ZIP	Navarre, FL 32566
TITLE	D	21 TITLE	V
NAME	ALHERIMI, NAIM	22 NAME	Alherimi, Barbara
STREET ADDRESS	8549 BAY RIVER ROAD	23 STREET ADDRESS	8549 Bay River Road
CITY-ST-ZIP	NAVARRE FL 32566	24 CITY-ST-ZIP	Navarre, FL 32566
TITLE		31 TITLE	D
NAME		32 NAME	Kahook, Nofal
STREET ADDRESS		33 STREET ADDRESS	9941 S.W. 4th St.
CITY-ST-ZIP		34 CITY-ST-ZIP	Plantation, FL 33324
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 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: Naim D. Alherimi 3-3-99 850-939-0460
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)