

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000074848 (9)

1. Corporation Name  
TRIPOLI CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9941 S.W. 4TH STREET PLANTATION FL 33324		Mailing Address 9941 S.W. 4TH STREET PLANTATION FL 33324	
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
9. Name and Address of Current Registered Agent KAHOOK, NOFAL 9941 S.W. 4TH STREET PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name Adelita L. Co/ia 82 Street Address (P.O. Box Number is Not Acceptable) C/o Nofal's Mgmt. Inc. 83 5990 (R) N. Federal Hwy. 84 City Ft. Lauderdale, FL 85 Zip Code 33308	

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	
NAME	KAHOOK, NOFAL	1.2 NAME	
STREET ADDRESS	9941 S.W. 4TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	VPT	2.1 TITLE	
NAME	CHAHINE, ISSAM	2.2 NAME	
STREET ADDRESS	2400 E. COMMERCIAL BLVD, SUITE 305	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	D
NAME		3.2 NAME	SABI, AYMAN
STREET ADDRESS		3.3 STREET ADDRESS	6118 St. Jiles Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Releigh, NC 27612
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Shehadeh, KARIM
STREET ADDRESS		4.3 STREET ADDRESS	5324 N.W. 60th DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

*[Signature]*

Jan. 30, 1998 (959) 371-3776

CR2E034 (10/97)