

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

FILED

98 MAR 23 PM 3:39

DOCUMENT # P95000085302 (4)  
 1. Corporation Name

NARGES ENTERPRISE, INC.



REINSTATEMENT 96-98

Principal Place of Business: 1581 CARRINGTON AVENUE WINTER SPRINGS FL 32708  
 Mailing Address: 1581 CARRINGTON AVENUE WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified: 11/06/1995  
 3a. Date of Last Report: 1996

2. Principal Place of Business: 21 1519 West BROADWAY, 22 Suite, Apt. #, etc.  
 2a. Mailing Address: 26 1519 West BROADWAY, 27 Suite, Apt. #, etc.  
 City & State: 23 FLORIDA - OVIEDO, 28 FLORIDA - OVIEDO  
 Zip: 24 32708, 25 U.S.A., 29 32708, 30 U.S.A.

4. FEI Number: 59-3353147  
 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: HERR, MARK E, 1519 WEST BROADWAY STREET, OVIEDO FL 32765

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL 85 Zip Code

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: Mark E Herr, Registered Agent, DATE: 3/19/98

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	KOTEH, SUBHI	
STREET ADDRESS	1581 CARRINGTON AVENUE	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	
TITLE	STD	<input type="checkbox"/>
NAME	KOTEH, AWAD	
STREET ADDRESS	1581 CARRINGTON AVENUE	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/>
NAME	KOTEH, HIYAM	
STREET ADDRESS	1581 CARRINGTON AVENUE	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	<input type="checkbox"/>
NAME	KOTEH, SAID	
STREET ADDRESS	1581 CARRINGTON AVENUE	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/>
NAME	KOTEH, MUHAMMED	
STREET ADDRESS	1581 CARRINGTON AVENUE	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/>
NAME	KOTEH, KHALID	
STREET ADDRESS	1581 CARRINGTON AVENUE	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	800002467328-9		
1.3 STREET ADDRESS	-03/24/98--01106--016		
1.4 CITY - ST - ZIP	***1058.75 ***1058.75		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Subhi-Koteh, DATE: 6 MARCH 98, DAYTIME PHONE: (519) 250-1224

CR2E034 (3/96)