

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

DOCUMENT # P95000085302 (4)

1. Corporation Name

NARGES ENTERPRISE, INC.

FILED

98 MAR 23 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 96-98

Principal Place of Business 1581 CARRINGTON AVENUE WINTER SPRINGS FL 32708		Mailing Address 1581 CARRINGTON AVENUE WINTER SPRINGS FL 32708	
2. Principal Place of Business 21 1519 West BROADWAY Suite, Apt. #, etc.		2a. Mailing Address 26 1519 West BROADWAY Suite, Apt. #, etc.	
22 City & State 23 FLORIDA - Oviedo Zip Country 24 32708 25 U.S.A.		27 City & State 28 FLORIDA - Oviedo Zip Country 29 32708 30 U.S.A.	
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

Signature typed or printed name of registered agent and title if applicable

(NEW - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KOTEH, SUBHI 1581 CARRINGTON AVENUE WINTER SPRINGS FL 32708	1.1 TITLE	800002467328-9
NAME		1.2 NAME	-03/24/98-01106-016
STREET ADDRESS		1.3 STREET ADDRESS	***1058.75 ***1058.75
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	STD KOTEH, AWAD 1581 CARRINGTON AVENUE WINTER SPRINGS FL 32708	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D KOTEH, HIYAM 1581 CARRINGTON AVENUE WINTER SPRINGS FL 32708	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VD KOTEH, SAID 1581 CARRINGTON AVENUE WINTER SPRINGS FL 32708	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D KOTEH, MUHAMMED 1581 CARRINGTON AVENUE WINTER SPRINGS FL 32708	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D KOTEH, KHALID 1581 CARRINGTON AVENUE WINTER SPRINGS FL 32708	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E034 (3/96)