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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600001949

1. Corporation Name

FALAFEL KING, CO.

Principal Place of Business

Mailing Address

8010 BROCATEL COURT

POST OFFICE BOX 720219

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90077 018 ***150.00



ORLANDO FL 32822		OHLANDO FE 328/2			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporat	ed or Qualifed	• • • • • • • • • • • • • • • • • • • •	
					01/01/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	App	lied For
21		26			59-3352122		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of St.	atus Desired	\$8.75_A	
22	. The second of the second of the second	27	·		J. Continuation of Oil	3103 DC31100 🖂	Fee Red	quired
City & Stat	e	City & State			6. Election Campa	- 1	\$5. 00 i	
23		28			Trust Fund Cor	tribution	Added to	Fees
Zip	Country	Zip	Country	1		owes the current year		□ •
24	25	<u> </u>	30		Personal Prope			□No
	9. Name and Address of Current	Registered Agent	81	Marra	10. Name and Add	iress of New Registe	rea Agent	
DAL	ANI, OMAR		*'	Name				
			82	Street Addr	ress (P.O. Box Numbe	is Not Acceptable)	····	
	BROCATEL COURT			ļ				
UHL	ANDO FL 32822		83	'				
			84	City			85 Zip C	ode
				1			FL	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes	s, the abov	e-named corp	poration submits this st	tement for the purpos	se of changing its a	registered iistered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	or Florida. Such change was autions of, Section 607.0505, Flori	tnonzeu by da Statute:	r ine corporati S.	on's board of directors.	i liereby accept the a	ppointment as reg	istorou
	Common M.		IAR		ani ma	TR 4-	20-29	•
SIGNATURE	Signature, typed or printed name of registered agent			nt signature require		DAT	E	
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CH/	ANGES TO OFFICER		
TITLE	P	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	DAJANI, OMAR		1.2 NAME					
STREET ADDRESS	1 <u></u>	1.3 STF		T ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32822		1.4 CITY-ST-ZIP					
TITLE		☐ DELETÉ	2.1 TITLE				Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP					
TITLE	-	☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME		_	3.2 NAME					
STREET ADDRESS			0,2	T ADDRESS				
			3.4. CITY-					
CITY-ST-ZIP TITLE		DELETE	4,1 TITLE	V. Ell	<u></u>		Change	Addition
			4. 2 NAME					
NAME				ET ADDRESS				
STREET ADDRESS			4.3 STREE					
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	31-2117			[] Change	Addition
TITLE			5.2 NAME					
NAME	İ			TADDRESS				
STREET ADDRESS	}							
CITY-ST-ZIP		□ 0E1 E7E	5.4 CITY-1	31-ZIP			☐ Change	Addition
TITLE		☐ DELETE	6.2 NAME					
NAME	I							
	1							
STREET ADDRESS	7 60 U 1910 8 0 U 19 7 238			ET ADDRESS				

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: