

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

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

02-26-1999 90068 030 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000023732

1. Corporation Name

OBAED ENTERPRISES, INC.

Principal Place of Business

576 S EDGEWOOD AVE  
JACKSONVILLE FL 32205

Mailing Address

576 S EDGEWOOD AVE  
JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1996

4. FEI Number

59-3376978

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 84 81 BRANCHWATER  
Suite, Apt. #, etc.

2a. Mailing Address

26 8481 BRANCHWATER DR.  
Suite, Apt. #, etc.

City & State

23 JACKSONVILLE, FL

City & State

28 JACKSONVILLE, FL

Zip Country

24 32244 25 DUVAL

Zip Country

29 32244 30 DUVAL

9. Name and Address of Current Registered Agent

OBAED, ELIAS  
576 S EDGEWOOD AVE  
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name

OBAED, ELIAS

82 Street Address (P.O. Box Number is Not Acceptable)

8481 BRANCHWATER DR.

83

84 City

JACKSONVILLE

FL

85 Zip Code

32244

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 ELIAS OBAED

1-29-99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME OBAED, ELIAS

STREET ADDRESS 576 S EDGEWOOD AVE 8481 Branchwater Dr.

CITY-ST-ZIP JACKSONVILLE FL 32205 JACKSONVILLE, FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 32244

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: ELIAS OBAED 1-29-99 904-779-7057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)