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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000032899**

1. Corporation Name

**INTERNATIONAL PROJECTS & INVESTMENTS, INC.**



Principal Place of Business

501 EAST JACKSON STREET  
STE 101  
ORLANDO FL 32801

Mailing Address

501 EAST JACKSON STREET  
STE 101  
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/11/1996**

4. FEI Number

**59-3433181**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

**HEGAZY, RAGAA**  
**7248 WOODVILLE CRESCENT**  
**ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name

**M. Ragaa Higazy**

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

**6018 Shore Line DR**

83

84 City

**ORLANDO**

**FL**

85 Zip Code

**32819**

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

**M. Ragaa Higazy**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**20 Jan 1999**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **HEGAZAY, RAGAA**  
CITY-ST-ZIP **7248 WOODVILLE CRESCENT**  
**ORLANDO FL 32819**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **HEGAZAY, HUSSEIN**  
CITY-ST-ZIP **7248 WOODVILLE CRESCENT**  
**ORLANDO FL 32819**

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 **M. Ragaa Higazy**  
1.3 STREET ADDRESS **6018 SHORE LINE DR**  
1.4 CITY-ST-ZIP **ORLANDO FL 32819**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **HUSSEIN HEGAZY**  
2.3 STREET ADDRESS **6018 SHOR LINE DR**  
2.4 CITY-ST-ZIP **ORLANDO FL 32819**

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:

**M. Ragaa Higazy**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**20 Jan 1999**

Date

**407-345-8494**

Daytime Phone #

CR2E034 (11/98)