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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000036448 (4)

1. Corporation Name
REGENCY INDUSTRIAL ONE, INC.

Principal Place of Business
3501 WEST VINE ST, SUITE 352
KISSIMMEE FL 34741

Mailing Address
3501 WEST VINE ST, SUITE 352
KISSIMMEE FL 34741-4849



3. Date Incorporated or Qualified 04/26/1996
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-3376125	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

SCHALL, ROBERT
3501 WEST VINE ST, SUITE 352
KISSIMMEE FL 34741

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	AL-HAKIM, ARIF K	1.2 NAME	
STREET ADDRESS	3501 WEST VINE ST, SUITE 352	1.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL 34741	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	
NAME	AL-SAADON, SAIF M	2.2 NAME	
STREET ADDRESS	3501 WEST VINE ST, SUITE 352	2.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL 34741	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	BARGUTHI, AHMED	3.2 NAME	
STREET ADDRESS	3501 WEST VINE ST, SUITE 352	3.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL 34741	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Arif K. Al-Hakim 3/26/97

Date Daytime Phone #

CR2E034 (9/96)