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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000038038 (1)

MANSOUR FINANCIAL, INC.

Principal Place of Business

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State



5252 EHRLICH TAMPA FL 330		5252 EHRLICH RD TAMPA FL 33624		DO NOT WOTE IN T	#8 6DAOF
				DO NOT WRITE IN TH	IIS SPACE
				•	
2. Principal Pl	lace of Business	2a. Mailing Address s	T	05/02/1996 4. FEI Number	10-0-45-
21 ZO A	1 1 bestelan Black	26 Zol J. Ue	otshove Bli		Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.	SIZMING DY	59-3379385	Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Cm	a, FL	28 Jan & F	r 3300)	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33 60			30 H'/RP01.90		Yes No
	g. Name and Address of Currer	Wegistered Agent	01 None	10. Name and Address of New Register	ed Agent
MANSOUR, JAMAL 81 Name					
5252 EHRLICH RD			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33624					
			83		
			B4 City		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 ago		Registered Agent signature rec		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PTD	☐ DELET E	1.1 TITLE		Change Addition
NAME	MANSOUR, JAMAL		1.2 NAME		
STREET ADDRESS	5252 EHRLICH RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP		
THTLE	VSD	☐ DEL€TE	2.1 TITLE		Change Addition
NAME	MANSOUR, GHASSAN		2.2 NAME		
STREET ADDRESS	14998 N FLORIDA AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		L. Change L. Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP		
TITLE		☐ DELET e	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY+ST-ZIP			54 CHY-ST-ZIP		
TITLE	3	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	$-\frac{1}{2}$		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 eath; 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.					