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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Jun 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secrétary of State
 DIVISION OF CORPORATIONS

## DOCUMENT # P96000050830 (4)

THE HOUSTONIAN, INC.

Principal Plac 1804 HWY, A1A SATELLITE BEA		Mailing Address 1604 HWY. A1A SATELLITE BEACH FL 32837-5427							
						3. Date Incorporated or Qualified 06/12/1996	3a. Da	te of t.ast R	leport
	lace of Business	2a. Mailing Address			4. FEI Number		Ar	pplied For	
21	4 1	26			59-33833382			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desirco		7	Additional equired	
City & State		City & State				6. Election Campaign Financing			
23		28				Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	intry	-	B. This corporation has liability for	intangible	tax under s	3. 199.032,
24	25	29	30	<b>,</b>			Yes [		
	9. Name and Address of Curre	ent Registered Agent		81		10. Name and Address of New Re	gistered A	(gent	
	ABAR, SULTAN Z			6'	Name				
	HWY. A1A			62	Street Add	ress (P.O. Box Number is Not Accepta	ole)		
SAII	ELLITE BEACH FL 32937			83			nn-		
				84	City		FL	<b>85</b> Zip	Code
l <b>of</b> fice or i	registered agent, or both, in the Statum familiar with, and accept the obli-	te of Florida. Such change wagetions of, Section 607.0505	as authorized , Florida Stat	d by t lules.	the corpora	poration submits this statement for the tition's board of directors. I hereby accented when renstating)	pt the appo	ointment as	registered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	DPST	DELETE	1.1 Ti	TLE				Change	Addition
NAME	SHAEBAR, SULTAN Z		1.2 N/	AME	İ				
STREET ADDRESS 1604 HWY. A1A			1.3 STREET ADDRESS		1				,
CITY-ST-ZIP	SATELLITE BEACH FL 32937	DELETE		1.4 CITY-\$T-7iP				Change	Addition
TITLE NAME			2.1 TITLE 2.2 NAMI					Change	L.J AUUIIION
STREET ADDRESS					DORESS				
CITY-ST-ZIP				::::::::::::::::::::::::::::::::::::::					1
TITLE		DELETE		3.1 TOTLE				Change	Addition
NAME			3 2 N/	AME					
STREET ADDRESS			3.3 \$1	TREET A	DDRESS				
CITY-ST-ZIP			3.4. C	HTY-ST	- ZIP				
TITLE	☐ DELETE			4.1 11766				L Change	Addition
NAME			4. 2 N						
STREET ADDRESS			l		DORESS				
CITY-ST-ZIP TITLE		DELETE	4.4 Ci 5.1 Ti	TY - \$1 -	ZIP	<u> </u>		Change	Addition
NAME		La Dittil	5.1 N		1			Onange	rivaliton
STREET ADDRESS					DDRESS				
CITY-ST-ZIP				ITY-\$1-	1				
TITLE		DELETE	6.1 71		B-11	· ····		Change	Addition
NAME			6.2 N/					•	1
CIDEET ADDRESS					DUNDEGG				

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: