

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 28 1997 8:00am  
Secretary of State

DOCUMENT # P96000059170 (6)

1. Corporation Name

HURRICANE REEF OF ORLANDO, INC.

Principal Place of Business

7332 INTERNATIONAL DRIVE  
ORLANDO FL 32819

Mailing Address

7332 INTERNATIONAL DRIVE  
ORLANDO FL 32819-8232



3. Date Incorporated or Qualified

07/16/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3390779

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

AKILEH, AIDAN  
7332 INTERNATIONAL DRIVE  
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

Aiman Akileh

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

83 8445 Int'l Drive Suite 116

84 City Orlando

85 FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE          | NAME           | STREET ADDRESS            | CITY-ST-ZIP            | DELETE                   |
|----------------|----------------|---------------------------|------------------------|--------------------------|
| President      | Aiman Akileh   | 10197 Brandon Circle      | Orlando, FL 32836      | <input type="checkbox"/> |
| Vice President | Mohamad Ashour | 8424 Sand Lake Shores Cir | Orlando, Florida 32836 | <input type="checkbox"/> |
|                |                |                           |                        | <input type="checkbox"/> |
|                |                |                           |                        | <input type="checkbox"/> |
|                |                |                           |                        | <input type="checkbox"/> |
|                |                |                           |                        | <input type="checkbox"/> |
|                |                |                           |                        | <input type="checkbox"/> |
|                |                |                           |                        | <input type="checkbox"/> |
|                |                |                           |                        | <input type="checkbox"/> |
|                |                |                           |                        | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | Change                   | Addition                 |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | Change                   | Addition                 |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | Change                   | Addition                 |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | Change                   | Addition                 |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | Change                   | Addition                 |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |

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 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

04/15/97 (407)370-0022

Date

Daytime Phone #

CR2E034 (9/96)