

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

FILED

May 02 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 # P96000068705 (8)

1. Corporation Name  
PHILADELPHIA ENTERPRISES, INC.



Principal Place of Business

Mailing Address

833 N.W. 124TH DRIVE  
NEWBERRY FL 32669

833 N.W. 124TH DRIVE  
NEWBERRY FL 32669-2712

3. Date Incorporated or Qualified 08/09/1996  
3a. Date of Last Report N/A

2. Principal Place of Business

2a. Mailing Address

21 908 NW 57th Street

26 6793 W. Newberry Road

4. FEI Number 59-3395195  
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite C

27 #330

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State

City & State

23 Gainesville, FL

28 Gainesville, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 32605-6441 25 Country U.S.

29 Zip 32605-4312 30 Country U.S.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEIDNER, DONALD W ESQ.  
10161 CENTURION PARKWAY NORTH  
SUITE 190  
JACKSONVILLE FL 32256

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	DPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Karadsheh, Adli J., M.D.	
1.3 STREET ADDRESS	833 NW 124th Drive	
1.4 CITY - ST - ZIP	Newberry, FL 32669	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Weidner, Donald W. Esq.	
2.3 STREET ADDRESS	10161 Centurion Parkway North Suite 190	
2.4 CITY - ST - ZIP	Jacksonville, FL 32256	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Karadsheh, Akram	
3.3 STREET ADDRESS	1641 Beard SE	
3.4 CITY - ST - ZIP	Cascade, MI 49506	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Karadsheh, Ghazie	
4.3 STREET ADDRESS	2460 Fawn Hill Lane	
4.4 CITY - ST - ZIP	Auburn, CA 95603	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Karadsheh, Hani	
5.3 STREET ADDRESS	4042 Woodland Creek Apt. 101	
5.4 CITY - ST - ZIP	Kentwood, MI 49508	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Karachy, Ramzi	
6.3 STREET ADDRESS	3943 Chamberlain SE	
6.4 CITY - ST - ZIP	Grand Rapids, MI 49508	

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: Adli J. Karadsheh 4/23/97 352-331-7900

CR2E034 (9/96)