PROFIT CORPORATION **ANNUAL REPORT** 1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000073912 1. Corporation Name

· METWEST PROPERTY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
8556 PALM PARKWAY	8556 PALM PARKWAY
1711 WORTHINGTON RD. SUITE 106	1711 WORTHINGTON RD. SUITE 106
ORLANDO FL 32836	ORLANDO FL 32836
us ·	US

FILED Apr 22, 1999 8:00 am Secretary of State

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Principal Plac	e of Business	Malling Address							
8556 PALM PARKWAY 8556 PALM PARKWAY						İ			
1711 WORTHINGTON RD. SUITE 106 1711 WORTHINGTON RD. SUITE 106) 6		DO NOT WRITE IN THIS SPACE				
ORLANDO FL 32836 ORLANDO FL 32836				3. Date Incorporated or Qualifed					
us · Us					09/03/1996				
<u> </u>		. 20 Maillen Address				4. FEI Number		A	pplied For
	lace of Business	2a. Maiting Address				65-0695052			or Applicable
21		26				0070030002			Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired			Agginoria:	
22 27 City & State City & State					6 Floation Compaign Financia	-) May Bo	
) 			-		Election Campaign Financing Trust Fund Contribution	~-:''		to Fees	
23	Country	Zip Country			B. This corporation owes the cut	rent year inten	_		
Zip		_ - '	30	u.,,		Personal Property Tax.		Yes	□No
24	9. Name and Address of Curre		30]	т		10. Name and Address of New			
 	S. INGINE SHE MUNICIPAL OF CHIEF	11- 1/4 Busining Wildring		81	Name				
MAL	IES R. KAY, P.A.								
AKERMAN, SENTERFITT & EIDSON PA				82	Street Addre	ss (P.O. Box Number is Not Accep	(adie)		
	S FLAGLER DRIVE, #900 EAST			83					
li .	T PALM BEACH FL 33401			Ш		. <u> </u>			
"="				84	City		FL.	85 Zip	Code
44.5	to the provisions of Sections 607.050	02 and 607 1509 Florida Contain	e the s	hove '	named corner	ration submits this statement for the	numose of ch	anging it	s registered
. Affice or i	nacistarad acient or both, in the State	i of Fiorida. Such chance was au	101124	CIUY U	ne corporation	's board of directors. I hereby acce	pt the appointn	nent as r	egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Stal	tutes.					
SIGNATURE		and a second sec	-	d Speed -	pignature required	Mhan executation)	DATE		
	Signature, typed or printed name of registered age	ND DIRECTORS	13.		Highertone cardoners	ADDITIONS/CHANGES TO O		DIRECT	ORS IN 12
12.	D OFFICERS A	DELETE	1,1 1		т Т			Change	
1	, -		1.2 N		1				
NAME.	AL-SAYED, EBRAHIM S 8556 PALM PARKWAY		_	TREET A	DORESS				
STREET ADDRESS				JTY-ST-2	!	•			
CITY-ST-ZIP	ORLANDO FL 32836	☐ DELETE	21 1		-			Change	☐ Addition
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NAME	HASHWANI, HATIM		1	TREET A	nnosses				
STREET ADDRESS					1				
CITY-ST-ZIP	ORLANDO FL 32836	☐ DELETE	2.40 3.1 T	CITY-ST-	<u> </u>			Change	Addition
TILE	D	[] Acreie			- 1				_
NAME	CLARK, SUSAN I		3.2 N		PDDE-00				
STREET ADDRESS	8556 PALM PARKWAY	_ *		TREETA		- 			
CITY-ST-ZIP	ORLANDO FL 32836	☐ DELETE	_	CITY-ST.	ZIP			Change	Addition
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NAME			1	WWE	1				
STREET ADDRESS				TREET A				•	
CITY-ST-ZIP			_	:TY-ST-2	ZIP			7 Change	Addition
TITLE)	DELETE	5.1 1]		L		
NAME				AME					
STREET ADDRESS	ij			TREET A					
CITY-ST-ZIP			5.4 C	TTY-ST-2	ZIP		_		Addition
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NAME		☐ DELETE	6.1 TI 6.2 N] Change	
NAME STREET ADDRESS) DELETE	6.2 N		DORESS] Change	

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Geddon 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 signatural 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 bustee empowered to execute this report as a supplemental shall be chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

Hatim Hashwari