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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078926

1. Corporation Name

P-Q ENTERPRISES, INC.

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90115 023 ***150.00



Principal Place	of Business	Mailing Address							
1266 34TH STREET NORTH 1266 34TH STREET NORTH									
ST.PETERSBURG FL 33713 ST.PETERSBURG FL 33713					DO NOT WRITE IN THIS SPACE				
	•				3. Date Incorporated or Qualifed	/ / / / /			
					09/23/1996				
2. Principal Pl	ace of Business	2a. Mailing Address		$\overline{}$	4. FEI Number		A	oplied For	
21 484C	RIDGEMOOR BWD	SAME F	た (タリ	59-3406024			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		7	Additional Required	
City & State		City & State 7 -			Election Campaign Financing Trust Fund Contribution	- -		May Be to Fees	
Zip	Country	1	Country		8. This corporation owes the curr	ent vear int	angible		
	85 25 PINEUAS	29 30	-		Personal Property Tax.	,	Yes	□No	
241 0 10	9. Name and Address of Current	11			10. Name and Address of New F	legistered	Agent		
			81	Name					
SCHWANKE, TIM				Street A	ddress (P.O. Box Number is Not Acceptable)				
15312 CARROLLTON LN				32 Street Address (P.O. Box Number is Not Acceptable)					
TAM	PA FL 33624		83		, , , , , , , , , , , , , , , , , , ,				
			84	City			85 Zip	Code	
				84 City FL			_ 65 ~	21 Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he abov	e-named c	orporation submits this statement for the	purpose of	changing i	ts registered	
l v office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was autho	rized DV	the corpor	ation's board of directors. I hereby accep	it the appoi	nunent as,	agistered	
_	the state of the s								
SIGNATURE	Signature, typed or printed name of registered agent a		stered Age	nt signature req	utred when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	D	☐ DELETE	1.1 TITLE	1			Change	Addition	
NAME	CHARARA, HASSAN	,	1.2 NAME	ĺ	•				
STREET ADDRESS	1266 34TH STREET NORTH		1.3 STREE	TADDRESS		٠,			
CITY-ST-ZIP	ST. PETERSBURG FL 33713		1.4 CITY-S	T-ZIP					
TILE	0.	☐ DELETE	2.1 TITLE	1			Change	e 🔲 Addition	
NAME	CHARARA, RADWAN		2.2 NAME						
STREET ADDRESS	1266 34TH STREET NORTH		2.3 STREE	TADORESS					
CITY-ST-ZIP	ST. PETERSBURG FL 33713		2.4 CITY-	ST-ZIP				<u> </u>	
TITLE	ر جايي، ج	DELETE _	3.1 TITLE	·			_ Change	eAddition	
NAME		!	3.2 NAME						
STREET ADDRESS		i	3.3 STREE	TADORESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	e Addition	
NAME.			4. 2 NAME						
STREET ADDRESS		į	4.3 STREE	T ADDRESS					
CITY-ST-ZIP	,		4.4 CITY-S	iT-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	e	
NAME		· · · · · · · · · · · · · · · · · · ·	5.2 NAME						
STREET ADDRESS		· 1	5.3 STREE	TADDRESS					

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 supplimental 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 reviewer 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 or are placement with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

□ Addition

Change