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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000079062 (1) DOCUMENT #

MAGDY KHALIL, P.A.

Principal Place of Business

Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



137 HERITAGI ORMOND BEA		137 HERITAGE CIRCLE ORMOND BEACH FL 3217	74		
				DO NOT WRITE IN TH	II\$ SPACE
				3. Date Incorporated or Qualified 09/11/1996	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1275	W. GRANADA BLUD.	26 1275 W.G	RANADA BYD.	59-3408399	Not Applicable
Suite, Apt.	#, 8 (c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 ORM	D = U = U	Cily & State	BEACH FE	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country USA	Zip /	Country USA	8. This corporation owes or has paid the	current year Intangible
24 52//	4 25 YOLUSIA		30 YOLUSIA	Personal Property Tax due June 30.	Yes No
	o Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
	AUL, MAGDY		81 Name		
	HERITAGE CIRCLE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
UK	MOND BEACH FL 32174		83	· · · · · · · · · · · · · · · · · · ·	
			83		
			84 City		85 Zip Code
44 Purcuant	to the provisions of Sections 607 0502	and 604 1509. Elavida-Statute	ne the above named co		
office or r	egistered agent, or both, in the State of	f Florida Such change was a	ulberized by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
	m lamiliar with, and accept the onlygan	tons of, Section (147, 1651), 610	oriona Statutes	/ //	21-98
SIGNATURE	Signature typed or print Manu of particles affect	and the applicance (NOTE	. Registered agent signature requi	red when reinstating) DAT	d1-10
12.	OF LICERS AND		T43. C	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PVST	☐ DELETE	1.1 TITLE		Change Addition
NAME	KHALIL, MAGDY		1.2 NAME		
STREET ADDRESS	137 HERITAGE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	KHALIL, MAGDY		2.2 NAME		
STREET ADDRESS	137 HERITAGE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		2. 4 CITY - \$T - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		- · · · · · · · · · · · · · · · · · · ·	3.4. CITY+ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		····
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STHEET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		
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indicated on this annual report or supplied with this little certify that the information indicated on this annual report or supplicit with the information indicated on this annual report or supplicit indicated on this annual report in the control indicated on the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or indicate 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.