FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 ·~ PROFIT Jan 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT retary or State Secretary of State DIVISION OF CORPORATIONS 1998 P96000099333 (2) DOCUMENT # ABUSHAAR AND DAJANI, INC. Mailing Address Principal Place of Business 1500 49TH STREET SOUTH 1500 49TH STREET SOUTH ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/09/1996 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 59-3413612 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Country Zip $Z_{\rm ID}$ 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name ABUSHAAR, AHMAD M 1500 49TH STREET SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33707 83 Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE Addition 1.1 TITLE TITLE abushaar. Ahmad M 1.2 NAME NAME 1500 49TH STREET SOUTH 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33707 1.4 CITY - ST - ZIP CITY-ST-2IP Addition DELETE Change 2.1 TITLE TITLE HASSAN, KHALED M 2.2 NAME 1500 49TH ST SOUTH 2.3 STREET ADDRESS STREET ADDRESS

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6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby cortify 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 logal 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. Block 12 or Block 13 if changed, or on an attachment with an address.

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CORPORATION ANNUAL REPORT				Sandra B. Mortham Secretary of State				(4)
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24		25 and Address of Curren			301			10. Name and Address of New Registered Agent
ABL	JSHAAR, A	HMAD M				81	Name	•
		REET SOUTH					Street Ad	Address (P.O. Box Number is Not Acceptable)
ST.	PETERSBU	JRG FL 33707		83				
						84	City	FL 85 Zip Code
office or re	naistered ad	ions of Sections 607,050 ent, or both, in the State th, and accept the obliga	of Flor	rida. Such change was a	authoriza	ed by	the corpo	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE								re-required when reinstahno) DATE
12.	Signature, typed	or printed name of registered ago OFFICERS ANS			13		ni signature re	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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14. I hereby c	certify that th	e information supplied w	th this	s filing does not qualify for	or the e	city-s kemp	tion stated	Led in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated officer or o	on this annu director of th	al report or comploments	i⊨ann∟ eiver o	ual report is true and acc or trustee empowered to	urata a	nd tha	at mv sion:	gnature shall have the same logal effect as if made under oath; that I am an is required by Chapter 607, Florida Statutes; and that my name appears in

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