

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90009 006 ***150.00

DOCUMENT # **P96000099333**

1. Corporation Name

ABUSHAAR AND DAJANI, INC.

Principal Place of Business

**1500 49TH STREET SOUTH
ST. PETERSBURG FL 33707**

Mailing Address

**1500 49TH STREET SOUTH
ST. PETERSBURG FL 33707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1996

4. FEI Number

59-3413612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**ABUSHAAR, AHMAD M
1500 49TH STREET SOUTH
ST. PETERSBURG FL 33707**

10. Name and Address of New Registered Agent

81 Name **KHALED M. HASSAN**

82 Street Address (P.O. Box Number is Not Acceptable)

1500 49TH STREET SOUTH

83 **ST. PETERS.**

84 City **ST. PETERSBURG**

FL

85 Zip Code **33707**

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

TITLE **VP PRESIDENT** ☐ DELETE

**HASSAN, KHALED M
1500 49TH ST SOUTH
ST. PETERSBURG FL**

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/99 727-321-3334

CR2E034 (5/99)

P96 000099333
611604-90009-6

PROFESSIONAL BOOKKEEPERS
110 S. MANHATTAN AVE. #64
TAMPA, FL. 33609
OFFICE (813)288-2870
FAX (813)282-3169

TO WHOM IT MAY CONCERN:

PLEASE ACCEPT THE PAYMENT OF THE ORIGINAL CHARGE FOR THE REASONS OF

1- THE FIRST NOTICE NEVER RECEIVED BY MY CLIENT AFTER THEY RECEIVED THE
SECOND NOTICE THEY REALIZED THAT THEY NEED TO PAY FOR IT.

2- MY ASST. WAS NOT INFORMED THAT THIS COMPANY WAS CHANGED TO CORP. LAST
YEAR.

PLEASE MAKE THE NECESSARY ADJUSTMENT TO CORRECT THIS APPLICATION.

THANK YOU FOR YOUR HELP IN ADVANCE.



SAM SALEH/ PRESIDENT

ABUSHAAR AND DATA-1, INC.
P96 000099333