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 # P97000002933

1. Corporation Name

KHIR & KHALES # 9, INC.

Principa	I Place of B	usiness
1958 W.	JEFFERSON	ST.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90077 038 ***150.00



								IIIS BRISI OBJII	. 09156 (1910 17	AIGE IISEE LIIL IGE	1
Principal Place of Business Mailing Address											
1958 W. JEFFE		1958 W. JEFFERSON ST.									
QUINCY FL 323	351	QUINCY FL 32351					DO NOT WRI	TE IN THIS	S SPACE		
						}-	3. Date Incorporated or Qualifed				
							01/02/1997				
2. Principal P.	lace of Business	2a. Mailing Address					4. FEI Number		I T	Applied For	_
-		26	<u> </u>				59-3421551		→	Not Applicable	e
Suite, Apt.	#. etc.	Suite, Apt. #, etc.								5 Additional	
22	.,	27					5. Certifcate of Status Desired		-	Required	
City & State	, 	City & State		-		-	6. Election Campaign Financing		\$5.0	00 May Be	
23		28					Trust Fund Contribution			ed to Fees	
Zip	Country	Zip	Cou	ntry			8. This corporation owes the cur-	ent year Ir	ntangible		
24	25	29	30				Personal Property Tax.		Yes	⊠No	-
	9. Name and Address of Curr	ent Registered Agent		<u></u>			10. Name and Address of New	Registered	Agent		_
				81	Name	ne					į
	ULJABBAR, TAWFIK			82	Stree	et Address	(P.O. Box Number is Not Accept	able)			_
	W. KING STREET			-	<u> </u>		, (To Casa Halliag) to start state p				
QUIN	NCY FL 32351			83				•			
				84	Ciby				85 Z	ip Code	_
				04	City			Fl	_ 63 2	ip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the a	bove	-name	ed corpora	tion submits this statement for the	purpose o	f changing	its registered	_
office or n	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 607.0505, Flori	thorized da Stati	i by i utes.	the cor	orporation's	board of directors. I hereby acce	ot the appo	intment as	registerea	
Ü	,	•									ļ
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable. (NOTE:	Registered	Agent	t signaturi	ure required wh	en reinstating)	DATE			
12.		AND DIRECTORS	13.			· 'I''	ADDITIONS/CHANGES TO OF	FICERS A			_
TITLE	P	☐ DELETE	1.1 Til	TLE					Chang	ge 🗌 Additio	on '
NAME	ABDULJABBAR, TAWFIF		1.2 NA	ME							
STREET ADDRESS	1942 W. KING STREET		1.3 ST	REET	ADDRES	:ss					
CITY-ST-ZIP	QUINCY FL 32351		1.4 CF	TY-SI	î-ZIP						
TITLE		☐ DELETE	2.1 ∏	TLE					Chang	ge 🗌 Additi	ıοn
NAME			2.2 NA	ME							
STREET ADDRESS			2.3 \$1	REET	ADDRES	:ss					
CITY-ST-ZIP			2.4 C	ITY-S	T- ZIP						_
TITLE		☐ DELETE	3.1 TR	πE					Chang	ge 🔲 Additio	on
NAME			32 NA	ME							ļ
STREET ADDRESS			3 3 ST	REET	ADDRES	:ss					
CITY-ST-ZIP			3.4. CI	ITY-S	f-ZIP						
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NAME			4. 2 N	AME							
STREET ADDRESS			4.3 ST	REET	ADDRES	ss					
CITY-ST-ZIP (4.4 CF	TY-ST	ſ-ZIP	<u> </u>					
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NAME			5.2 NA	ME							
STREET ADDRESS			5.3 ST	REET	ADDRES	:ss					
CITY-ST-ZIP			5.4 CI	TY-ST	-ZIP						
TITLE		☐ DELETE	6.1 TII	ΠE					Chang	ge 🔲 Additio	on
NAME			62 NA	AME.							
STREET ADDRESS			6.3 ST	REET	ADDRES	ss					
CITY-ST-ZIP			6.4 CF	TY-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 of true 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 of on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #