

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # *PA70000006374*

1. Corporation Name

Amin and Khaled #4 Inc.

Principal Place of Business

Mailing Address

*519 W. Crawford St.
Quincy, FL 32351*

99 NOV -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FFA Number

Applied For

519 W. Crawford St.

Same

59-342082U

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

Quincy, FL

Quincy, FL

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

23. Zip

Country

28. Zip

Country

32351

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Loai Abdul Aziz Mousa
2039 N. Meridian Rd Apt #237 Tallahassee, FL 32303*

81. Name

Loai A. Mousa

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

2039 N. Meridian Rd. Apt #237

83. City

Tallahassee

84. State

FL

85. Zip Code

32303

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 *Loai A. Mousa*

(NOTE: Registered Agent signature required when reinstating)

DATE

11-1-99

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<i>President</i>
STREET ADDRESS	<i>Loai A. Mousa</i>
CITY-STATE-ZIP	<i>2039 N. Meridian Rd. Apt #237 Tallahassee, FL 32303</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>N.</i>
STREET ADDRESS	<i>Khalid Al-Sahli</i>
CITY-STATE-ZIP	<i>1984 Portland St. Tallahassee, FL 32303</i>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

Loai A. Mousa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

11-1-99

CR2E034 (11/98)