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 # **P97000020376**1. Corporation Name

NADEEN ENTERPRISES, INC.

Ì	Principal Place of Business	Mailing Address
	5961 FARRAGUT STREET HOLLYWOOD FL 33021	5961 FARRAGUT STREI HOLLYWOOD FL 33021

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

05-07-1999 90077 043 ***150.00



Principal Place	e of Business	Ma	iling Address				
5961 FARRAGU HOLLYWOOD F			1 Farragut Stre Llywood FL 3302				DO NOT WRITE IN THIS SPACE
ļ							3. Date Incorporated or Qualified
							03/05/1997
2. Principal Pl	ace of Business	2a.	Mailing Address			_	4. FEI Number Applied For
21		26					65-0754076 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27					5. Geralicate of Status Desired Fee Required
City & State	-		City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country		Zip		untry		8. This corporation owes the current year Intangible Personal Property Tax
24	25	29		30			t ordered years
	9. Name and Address of Curre	ent Regis	tered Agent		81	Name	10. Name and Address of New Registered Agent
SALE	EH, HAMDAN				0'	Ivallie	
	CORAL TREE CIRCLE				82	Street Add	ddress (P.O. Box Number is Not Acceptable)
	ONUT CREEK FL 33073				00		
000	ONOT CHEEK TE 35075				83		
					84	City	85 Zip Code
_							FL a 2 control
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Stati m familiar with, and accept the oblig	e of Florid	a. Such change w	as authorize	d bv	the corporat	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE							
	Signature, typed or printed name of registered ag				d Agen	nt signature requir	uired when reinstating) DATE DATE
12.	OFFICERS A	ND DIRE	CTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		□ DETE 1				
NAME (SALEH, ISSAM				AME		
STREET ADDRESS	5510 LYONS ROAD, #111					FADDRESS	
C/TY-ST-ZIP	COCONUT CREEK FL 33073				ITY-S	T-ZIP	Change Addition
TITLE	D		☐ DELETE				
NAME	SALEH, HAMDAN			2.2 N			
STREET ADDRESS	3720 CORAL TREE CIRCLE					ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073		DELET	_	OTY-S	IT-ZIP	☐ Change ☐ Addition
TITLE			□ DETÊ I				
NAME				3.2 N		******	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			□ DELETE		CITY-S	11-ZIP	☐ Change ☐ Addition
TITLE			ויין מבונבונ				
NAME.					AAME		
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			☐ DELETE		ITY-S	T-ZIP	☐ Change ☐ Addition
TITLE				5.1 T 5.2 N			
NAME						ADDRESS	
STREET ADDRESS					TY-S		
CITY-ST-ZIP			☐ DELETE			1-2F	☐ Change ☐ Addition
TITLE					IAME		_ change haditor
NAME				4		FADDRESS	
STREET ADDRESS							
C/TY-ST-ZIP				6.4 C	ITY-S	1-215	

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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #