

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020553 (8)

1. Corporation Name
ALQAWASMEH INC



Principal Place of Business

10800 US 19 SANDELWOOD BLDG. 17 #219
PINELLAS PARK FL 33782

Mailing Address

10800 US 19 SANDELWOOD BLDG. 17 #219
PINELLAS PARK FL 33782

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1997

4. FEI Number

59-3429209

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 5050 Haines RD.

Suite, Apt. #, etc.

City & State

23 St. Pete FL

Zip

24 33714

Country

25 33714

2a. Mailing Address

26 5050 Haines RD.

Suite, Apt. #, etc.

City & State

28 St. Pete FL

Zip

29 33714

Country

30 33714

9. Name and Address of Current Registered Agent

ALQAWASMEH, AMJAD I
10800 US 19 SANDELWOOD BLDG. 17 #219
PINELLAS PARK FL 33782

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ALQAWASMEH, AMJAD I
STREET ADDRESS 10800 US 19 SANDELWOOD BLDG. 17 #219
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE D ☐ DELETE

NAME ABUAYYASH, ISHAQ I
STREET ADDRESS 4102 BAYSHORE ROAD
CITY-ST-ZIP SARASOTA FL 34234

TITLE D ☐ DELETE

NAME ALBARGAUHTI, HUSNI N
STREET ADDRESS 4102 BAYSHORE ROAD
CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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 and an address.

CR2E034 (1097)