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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000042846 (0)

KURDI REAL ESTATE, INC. Principal Place of Business Mailing Address 209 HARRISON AVE 209 HARRISON AVE BELLEAIR BEACH FL 33786 BELLEAIR BEACH FL 33786 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KURDI, SEYDO 209 HARRISON AVE Street Address (P.O. Box Number is Not Acceptable) BELLEAIR BEACH FL 33786 83 84 City 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ĎΡ TITLE DELETE 1.1 TITLE Change Addition KURDI, SEYDO NAME 1.2 NAME 209 HARRISON AVE STREET ADDRESS 1.3 STREET ADDRESS **BELLEAIR BEACH FL 33786** CITY-ST-ZIP 1,4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ___ Change ___ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 in an attachment with an address.

6.4 City-ST-ZIP

SIGNATURE:

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2/2/98 (8

FILED

Feb 09 1998 8:00am

Secretary of State

Dayrime Phone # 0497014

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