## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF ORPORATIONS

## **FILED** Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90007 001 \*\*\*550.00

DOCUMENT # P97000  1. Corporation Name  HARBI E. SALEH ENTERPRISES, INC.	▼			
Principal Place of Business	Mailing Address			
2501 AVENUE P FT. PIERCE FL 34947	2501 AVENUE P FT. PIERCE FL 34947			DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 06/30/1997
2. Principal Place of Business 2a. Mailing Address 25				4. FEI Number Applied For 65-0768018 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State		_	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 24 25	Zip 29	Coun	try	8. This corporation owes the current year Intangible Personal Property. Yes No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
SALEH, HARBI E 2501 AVENUE P FT. PIERCE FL 34947				Name Street Address (P.O. Box Number is Not Acceptable)
		]		Tity FL 85 Zip Code med 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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		ELETE	1.1 TITLE	Change Addition			
NAME	SALEH, HARBI E		1.2 NAME				
STREET ADDRESS	928 CAMPBELL RD.	1	1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. PIERCE FL 34945		1.4 City-ST-ZIP				
TITLE	□o	ELETE	2.1 TITLE	Change Addition			
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE	D <sub>0</sub>	ELETE	3.1 TITLE	Change Addition			
VAME		1	3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	l		3.4 CiTY-ST-ZIP				
TTLE		ELETE	4.1 T(TLE	Change Addition			
IAME			4.2 NAME				
TREET ADDRESS			4.3 STREET ADDRESS				
ITY-ST-ZIP			4.4 CITY-ST-ZIP				
TLE	D	ELETE	6.1 TITLE	Change Addition			
AME		. 1	5.2 NAME				
FREET ADDRESS			5.3 STREET ADDRESS				
TY-ST-ZiP			5.4 CITY-ST-ZIP				
TLE .		ELETE	6.1 TITLE	Change Addition			
<b>∖ME</b>			6.2 NAME				
REET ADDRESS			6.3 STREET ADDRESS				
TY-ST-ZIP			6.4 CITY-ST-ZIP				

1. 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.

Daytime Phone #