


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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90065 033 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000062398					
1. Corporation Name SHEREEN HOTELS, INC.					
Principal Place of Business 320 N MAGNOLIA AVE. SUITE B-9 ORLANDO FL 32801			Mailing Address 320 N MAGNOLIA AVE. SUITE B-9 ORLANDO FL 32801		
2. Principal Place of Business 21 4694 W. WALD BRONSON Suite, Apt. #, etc. 22 City & State 23 KISSIMMEE, FL Zip 24 32746 Country 25 USA		2a. Mailing Address 26 2261 E WALD BRONSON HWY Suite, Apt. #, etc. 27 City & State 28 KISSIMMEE, FL Zip 29 32744 Country 30 USA		3. Date Incorporated or Qualified 07/17/1997	
				4. FEI Number 59-3497587	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CROWELL, PATRICK C 320 N MAGNOLIA AVE, SUITE B-9 ORLANDO FL 32801			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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					
1.1 TITLE D 1.2 NAME CROWELL, PATRICK C 1.3 STREET ADDRESS 320 N MAGNOLIA AVE, SUITE B-9 1.4 CITY-ST-ZIP ORLANDO FL 32801					
1.5 TITLE <input type="checkbox"/> DELETE					
1.6 NAME <input type="checkbox"/> DELETE					
1.7 STREET ADDRESS <input type="checkbox"/> DELETE					
1.8 CITY-ST-ZIP <input type="checkbox"/> DELETE					
1.9 TITLE <input type="checkbox"/> DELETE					
1.10 NAME <input type="checkbox"/> DELETE					
1.11 STREET ADDRESS <input type="checkbox"/> DELETE					
1.12 CITY-ST-ZIP <input type="checkbox"/> DELETE					
1.13 TITLE <input type="checkbox"/> DELETE					
1.14 NAME <input type="checkbox"/> DELETE					
1.15 STREET ADDRESS <input type="checkbox"/> DELETE					
1.16 CITY-ST-ZIP <input type="checkbox"/> DELETE					
1.17 TITLE <input type="checkbox"/> DELETE					
1.18 NAME <input type="checkbox"/> DELETE					
1.19 STREET ADDRESS <input type="checkbox"/> DELETE					
1.20 CITY-ST-ZIP <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PRESIDENT 1.2 NAME ISSA KASSAM 1.3 STREET ADDRESS 9171 RIDGE PINE TRAIL 1.4 CITY-ST-ZIP ORLANDO, FL 32819					
1.5 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.6 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.7 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.8 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.10 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.11 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.12 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.14 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.15 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.16 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.18 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.19 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.20 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/23/99 Daytime Phone #

CR2E034 (1/98)