

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000082452 (8)**

1. Corporation Name

199 W. HILLSBOROUGH, INC.

Principal Place of Business

11943 NW 22 AVE.
MIAMI FL

Mailing Address

11943 NW 22 AVE.
MIAMI FL

2. Principal Place of Business

21 **199 W. Hillsboro Blvd**

Suite, Apt. #, etc.

22

City & State

23 **Deerfield Beach Fla**

Zip

24 **33441**

Country

25

2a. Mailing Address

26 **199 W. Hillsboro Blvd**

Suite, Apt. #, etc.

27

City & State

28 **Deerfield Beach Fla**

Zip

29 **33441**

Country

30

9. Name and Address of Current Registered Agent

NASSRIYEH, ISAM S
11943 NW 22 AVE.
MIAMI FL

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

Isam Nassriyeh

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 **PRESIDENT** ☐ DELETE

NAME **ISAM S. NASSRIYEH**

STREET ADDRESS **11943 N.W. 22nd Ave**

CITY-ST-ZIP **MIAMI - Fla. 33150**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

100002902881--7

-06/14/93--01006--023

******150.00 ****150.00**

☐ Change ☐ Addition

100002902881--7

-06/14/93--01006--024

******150.00 ****150.00**

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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.

SIGNATURE:

Isam Nassriyeh

President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUN -2 PM 5:10

FILED



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