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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700095330

Corporation Name

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90079 001 ***150.00

ALRAHM	1A, INC.						
) (BENGBE) (CB (BIG) (BB)(BB)(C BB)(C BB)(C BB)	E (ELET EGEN GJOT	HAN TOUCHT
L							1111 111 1 1 11 1
Principal Place	e of Business	Mailing Address					***************************************
801 DELTONA BOULEVARD 801 DELTONA BOULEVARD							
DELTONA FL 32725 DELTONA FL 32725					DO NOT WRITE IN THE	S SPACE	
}				-	3. Date Incorporated or Qualifed	-, <u>.</u>	
					11/06/1997		}
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21 26					59-3477707	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	,
22 27					C. Columnic C. Califac Scottist	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	
23 28 28					Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Ir		□No I
24	9. Name and Address of Currer	- 1-1	30		Personal Property Tax. 10. Name and Address of New Registered		
	5. Name and Address of Currer	it Kegistered Agent	8	1 Name	IV. Name and Address of New Registerer	- Agent	
BARAKAT, NASSER							
801 DELTONA BOULEVARD				2 Street Add	ress (P.O. Box Number is Not Acceptable)		{
DEL	TONA FL 32725		8	3			
			L	<u> </u>			
			8	4 City	FI	85 Zip C	code [
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statutes	the abo	ve-named corp			registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was autitions of Section 607 0505. Florid	horized b	y the corporations	poration submits this statement for the purpose on's board of directors, I hereby accept the appropriate the purpose of the pu	pintment as reg	jistered
, and the second	in familia with, and accept the oblige		a Guaran				}
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: R	Registered Ag	ent signature require	ed when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition i
NAME	BARAKAT, NASSER		1.2 NAM				ì
STREET ADDRESS	9327 GOTHA ROAD			ET ADDRESS	•	•	}
CITY-ST-ZIP	WINDEMERE FL 37486	Clarita	1,4 CITY			Change	Addition
TITLE		☐ DELETE	. 2.1 TITLE	1		CT cuaude	[
NAME			, 2.2 NAME	i			j
STREET ADDRESS				ETADORESS			Ì
CITY-ST-ZIP		☐ DELETE	2. 4 CITY			Change	Addition
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NAME			3 2 NAME	}			}
STREET ADDRESS				ET ADDRESS			
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NAME STREET ADDRESS				ET ADDRESS		٠.	- {
CITY-ST-ZIP			4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME		_	5.2 NAME	l l			ĺ
STREET ADDRESS			5.3 STRE	ET ADDRESS			}
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			j
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
-			6.2 NAME	:		•	
ETHEST ADURESS			6.3 STRE	ET ADDRESS			{
CT 71D			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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/2/99

407-860-4400

R2E034 (11/98