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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Contraton, of Ctota

May 13, 1999 8:00 am Secretary of State

FILED

ANNUAL REPORT

	1999		DIVISION OF CORPORAT				05-13-1999 90019 042 ***150.00				
DOCU 1. Corporation	MENT # P970	000100	579								
A.	KS. EJJEH, INC.	L									
Principal Plac	e of Business	Mailin	g Address								
Deerfield Texaco 706 710 Federal Hwÿ Apt					2 Av 1~	æ.	DO NOT	WRIT	F IN THIS	S SPACE	
D	eerfield Beach,	FL 3		rfie 334	ld E	Sch,	3. Date Incorporated or Qua				
21	lace of Business	26	ailing Address				4. FEI Number 65-0795476	1_			Applied For Not Applicable
Suite, Apt,	#, etc.	27 Su	ite, Apt. #, etc.				5. Certifcate of Status Desir	ed		,	Additional Required
City & Stat	28						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 24	Country Zip 25 29 30				Country		This corporation owes the Personal Property Tax.	s currer	nt year in	tangible Yes	X No
	9. Name and Address of Curre	nt Registere	d Agent				10. Name and Address of N	lew Re	gistered	Agent	
	allianiGerstein			8			ss (P.O. Box Number is Not Ac	ceptab	le)		
1300 N Federal Hwy, Suite 203 Boca Raton, FL 33432					3		· - 			- 	
_	,			8.	1					85 Zic	Code
				Į.	1				FL	_ _ '	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with, and accept the oblig	02 and 607.1 e of Florida. S ations of, Sec	508, Florida Statutes, such change was auth tion 607.0505, Florid	, the abor norized by a Statute	/e-name / the cor s.	d corporation	ation submits this statement for 's board of directors. I hereby a	r the pu	urpose of the appo	changing i	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agr	MIT	.11am Gers	teir	ι, Ε	sq.	04/13/9	9	DATE		
12.	OFFICERS A		 	13.	on signatur	o required in	ADDITIONS/CHANGES TO	OFF		ND DIRECT	ORS IN 12
TITLE	PSTD		DELETE	1,1 TITLE		7				Change	
NAME)	Ahmad Ejjeh		_	1.2 NAME		}					
STREET ADDRESS	710 S Federal I	VWE		4	T ADDRES	s					
CiTY-ST-ZIP	Deerfield Beach		33441	1.4 OTY-		-					
TITLE			DELETE	2.1 TITLE		 				Change	Addition
NAME				2.2 NAME		}					_

STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ___ [] Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE Change ☐ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

President WING OFFICER OR DIRECTOR 04/13/99

(954) 725~4318