Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90092 032 ***150.00

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

| DOCUI | MENT # P97000 |)106673 | | | | | | |
|---|--|--------------------------|----------------|-------------------|---------------------|--|-----------------------------------|--|
| 1. Corporation DALOU | ^{n name} Petrus enterprises, in | IC. | | | | | • | |
| | • | · - | | | | | | |
| Dringing! Place | o of Rusiness | Mailing Address | | | | | | |
| Principal Place of Business Mailing Address 5025 TAMPA ROAD 5025 TAMPA ROAD | | | | | | April 1995 | | • |
| OLDSMAR FL 34677 OLDSMAR FL 34677 | | | | | | · | 5 3 | |
| | | — | | | • • | DO NOT-WRITE IN THI | S SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed 12/19/1997 | | |
| Principal Place of Business 2a. Mailing Address | | | ss | | | 4. FEI Number | | plied For |
| 21 26 | | | | | | 59-3482449 | | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | etc. | | | 5. Certifcate of Status Desired | \$8.75 / Fee Re | |
| 22 | | | | | | e Flortion Compaign Financing | \$5.00 | ——— |
| | | | | | | 6. Election Campaign Financing Trust Fund Contribution | Added t | * 1 |
| Zip | Country | Zip | C | ountry | | 8. This corporation owes the current year I | | |
| 24 | 25 | | | | | Personal Property Tax. | ☐ Yes | □No _ |
| | 9. Name and Address of Curre | | | | | 10. Name and Address of New Registere | d Agent | |
| | | | - | 81 | Name | | | ĺ |
| | EARY, D M | | | 82 | Street Ado | iress (P.O. Box Number is Not Acceptable) | | |
| 101 EAST KENNEDY BOULEVARD | | | | | | <u> </u> | | |
| SUITE 2700 | | | | 83 | | | 1132 | . |
| IAM | PA FL 33601 | | | 84 | City | | . 85 Zip (| Code |
| | | | | | <u> </u> | F | , | |
| office or r | edictored agent or both in the State | of Florida, Such chann | e was authoriz | zed hv | the corporat | poration submits this statement for the purpose of the board of directors. I hereby accept the app | or changing its ointment as re | registered gistered |
| agent. I a | m familiar with, and accept the obliga | ations of, Section 607.0 | 505, Florida S | tatutes | S. | | | - |
| SIGNATURE | | | | | | red when reinstating) DATE | | { |
| 12. | Signature, typed or printed name of registered age | ND DIRECTORS | | 3. | nt signature requii | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | RS IN 12 |
| TITLE | D | DE DE | | TITLE | | 7,0011101101011111101 | ☐ Change | ! Addition |
| NAME | DALOU, FARID | | 1.3 | 2 NAME | | | , | 1 |
| STREET ADDRESS | 5025 TAMPA ROAD | | 1.3 | 3 STREE | TADDRESS | | 1 | |
| CITY-ST-ZIP | OLDSMAR FL 34677 | | 1/ | 4 CITY-S | ST-ZIP | • | ÷ | 1 |
| TITLE | D | | | 1 TITLE | | | Change | Addition |
| NAME | DALOU, AMMAR | | 2.3 | 2 NAME | | • | | 4 |
| STREET ADDRESS | 5025 TAMPA ROAD | | 2.3 | 3 STREE | TADDRESS | | . ન | ; |
| CITY-ST-ZIP | OLDSMAR FL 34677 | | 2. | 4 CITY-S | ST-ZIP | | | |
| TITLE | D | □ DE | LETE 3. | 1 TITLE | | | Change | N Addition |
| NAME | PETRUS, WALID | | 3.3 | 2 NAME | | • | , | : |
| STREET ADDRESS | | | 3.3 | 3 STREE | T ADDRESS | | ; | 1 |
| CITY-ST-ZIP | OLDSMAR FL 34677 | | | 4. CITY- | ST-ZIP | · · · · · · · · · · · · · · · · · · · | | 57415 |
| TITLE | Damis RAED | ☐ DE | LETE 4.º | TITLE | | | Change | . Addition |
| NAME | TAMPA CAA | \mathcal{O} | | 2 NAME | | | | |
| STREET ADDRESS | 5005 1711 POM | 21177 | | | TADDRESS | | | |
| CITY-ST-ZIP | DETRUS, RAED 5025 TAMPA ROAD OLDSMAR, FL | <u>54677</u> □ DE | | 4 CITY-S | ST-ZIP | | Change | Addition |
| TITLE | | | | 1 TITLE 2 NAME | | | onange | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| NAME | | | | | TADORESS | | | |
| STREET ADDRESS | | | | 4 CITY-S | 1 | | | } |
| CITY-ST-ZIP TITLE | | □ DE | | I TITLE | | | ☐ Change | Addition |
| NAME | | | | 2 NAME | | | | |
| STREET ADDRESS | | | 6.3 | 3 STREE | TADDRESS | | | |
| CHICC DEDITED | I . | | | | | | | |

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 on 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 only an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

01-14-99