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## FILED Apr 26, 1999 8:00 am Secretary of State

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## PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherina Harris

Secretary of State
DIVISION OF CORPORATIONS

1. Corpora io	MENT # P98000 NE-ARABI INC	001071	<b>.</b>				1
Principal Place	e of Business	Mailing Address				# (EET/SEI 1/2 lebit taitt antit antit Thirt abit antit anti	,,
4627 OCEAN S	TREET	4627 OCEAN STREET					
MAYPORT FL 32233 MAYPORT FL 32233						DO NOT WRITE IN THIS SPACE	
						3. Date Ir corporated or Qualifed	7
1						01/02/1998	
2 Princips P	lace of Business	2a. Mailing Address					7
	26 2294 Maypor	t Roa	ad		4. FEI Number 3503404 Applied For Not Applied For	в	
Suite, Apt.	Mayport Road	Suite, Apt. #, etc.				5. Certificiate of Status Desired  \$8.75 Additional	
22 #10		27 #10	27 #10			5. Certificate of Status Desired	_
City & Sat	e	City & State	_	_		6. Electio 1 Campaign Financing \$5.00 May Be	
23 Atla	ntic Beach, FL	28 Atlantic Fe		FL	<u>.</u>	Trust Fund Contribution Added to Fees	
Zip Country Zip			Count	try		8. This corporation owes the current year intengible Personal Property Tax  Personal Property Tax	
24 32233 25 29 32233 30						Personal Property Tex. Serves LJNO 10. Name and Address of New Registered Agent	$\neg$
	9. Name and Address of Current	Kegistered Agent		11	Name	The tradite but them and at the total sediment and a sediment and a sediment and a sediment and a sediment a s	
AAU L	AR, ALBERT S JR.		L	-			
4627 OCEAN STREET			8	82 Street Add		dress (P.O. Box Number is Not Acceptable)	
MAYPORT FL 32233			18	33			
			<u>_</u>			85 Zip Cxde	
			- 1	- 1	City	FL!~  '	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ove-	named cor	rporation submits this statement for the purpose of changing its registered tion's board of cirectors. I hereby accept the appointment as registered	
office or r	registered agent, or bo h, in the State of im familiar with, and accept the obligati	if Florida. Such change was no ons of, Section 607.0505, Flori	monzec d da Statuti	es.	ne corporat	HOITS BURIED OF CHACKOTS. I HOTELY SOCIETY WE SEP SHAREST AND STREET	ı
SIGNATURE							_
	Signature, typed or printed name of registered agent		13.	gent s	regissione redir s	ADDITK INS/CHANGES TO OFFICERS AND DIRECTOR S IN 12	9     R2E034 (11/98)
12.	OFFICERS ANI	DELETE	13. 11 MIL	F		Change Addit	on E
TITLE	President.	· — ,	1.2 NAM		ŀ		25
STREET ADDRESS	SIROUS SHARIFAI-ARABI		1		UDDRESS		
l i			1,4 C/TY		·		&
CITY-ST-ZIP TITLE	ACKSONVIII	DELETE	21 TITLE			Change Addition	on C
NAME	Malamaa	ahart	22 NAM	Æ	1		1
STREET ADDRESS	TADORESS SECRETARY Treasurer		2.3 STR	EET A	NODRESS	~*	1
CITY-ST-ZIP			2.4 CIT	Y-ST-	.ZIP		
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NAME _	10 ACK 5/1/ VIII ~ / -		32 NAM	Œ			
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CITY-ST-ZIP			3.4. CITY	_	ZIP	Change Addit	ion
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NAME			4 2 NAA				- 1
STREET ADDRESS					LODRESS		- [
CITY-ST-ZIP		☐ DELETÉ	4.4 CITY 5 1 TITLE		<u> </u>	☐ Change ☐ Addit	ion
TITLE			52 NAM		1		
NAME					LODRESS		
STREET ADORE 35	Į		54 CITY		I		
TITLE		☐ DELETE	6.1 TTL	E		☐ Change ☐ Addd	ion
NAME			62 NAM	Œ	l		
STREET ADDRESS	ł		6.3 STR	EET A	LOORESS		-
			64 CITY	-ST-	ZIP		
14 I hereby (	restify that the informat on supplied wit	this filing does not qualify for	the exem	ptio	n stated ir	Section 119.07 (3)(i), Florida Statutes. I further certify that the information	1

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07.3(i), included a statutes. Include Cathy that the information supplies that it is an indicated on this annual report or supplemental innual poor is true and accurate and that my signature shall have this same legal effect as if made under oath; that I is man officer or director of the corporation or the receiver or dustee 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 alterty mith an address, with a light empowered.

SIGNATURE:

4) SIKOUS SHAKIFI

4/23/99 (904)249(43

Daytime Phone #