

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90076 032 ***150.00

DOCUMENT # P9800003009

1. Corporation Name

Egyptian Enterprises, INC.

Principal Place of Business

Mailing Address

3520 W Broward Blvd
#218
Ft Lauderdale FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Jan 98

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

218

22

27

City & State

City & State

23

28

Ft Lauderdale Florida

24

Zip

Country

Zip

Country

25

USA

29

30

33312

4. FEI Number

65-0836612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Claudia Lyn-Ball
6981 NW 25 CT
Sunrise FL 33313

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 Claudia Lyn-Ball - President

3-30-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE

NAME Claudia Lyn-Ball

STREET ADDRESS 6981 NW 25 CT

CITY-ST-ZIP Sunrise FL 33313

1.1 TITLE Treasurer ☐ Change ☒ Addition

1.2 NAME Marshall Scott Sr

1.3 STREET ADDRESS 3354 NW 17 ST

1.4 CITY-ST-ZIP Ft Lauderdale FL 33311

TITLE V.P. ☐ DELETE

NAME George Ball

STREET ADDRESS 6981 NW 25 CT

CITY-ST-ZIP Sunrise FL 33313

2.1 TITLE Secretary ☐ Change ☒ Addition

2.2 NAME Marshall Scott Jr

2.3 STREET ADDRESS 3354 NW 17 ST

2.4 CITY-ST-ZIP Ft Lauderdale FL 33313

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE Co-Secretary ☐ Change ☒ Addition

3.2 NAME Raymond Williams

3.3 STREET ADDRESS 3361 NW 47 Terr Building 1 Apt 333

3.4 CITY-ST-ZIP Ft Lauderdale FL 33319

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Ball

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99 (954) 587-6641

Date

Daytime Phone #

CR2E034 (11/98)