## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

P98000016410

**PROFIT** CORPORATION ANNUAL REPORT

1999

**DOCUMENT #** 



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90003 047 \*\*\*150.00

1. Corporation Name KHDEIR FAMILY CORPORATION Mailing Address Principal Place of Business 1040 16TH ST., SOUTH 1040 16TH ST., SOUTH ST. PETERSBURG FL 33705-2204 ST. PETERSBURG FL 33705-2204 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/19/1998 FEI\_Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Country Zip Žio Intangible Personal Property. 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KHDEIR, HANI Street Address (P.O. Box Number is Not Acceptable) 1401-83RD, AVE., NORTH ST. PETERSBURG FL 33522-. 83 Zio Code 85 84 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition 1.1 TITLE DELETE TITLE 1.2 NAME NAME 1.3 STREET ACORESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Change 2.1 TITLE Addition DELETE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition 3.1 TITLE DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZiP CITY-ST-ZIP Change \_\_\_\_ Addition 4.1 TITLE DELETE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition \_\_ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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.

SIGNATURE:

p98800016410

PROFESSIONAL BOOKKEEPERS 110 S. MANHATTAN AVE. #64 TAMPA, FL. 33609 **OFFICE (813)288-2870** FAX (813)282-3169

611345

TO WHOM IT MAY CONCERN:

PLEASE ACCEPT THE PAYMENT OF THE ORIGINAL CHARGE FOR THE REASONS OF

- 1- THE FIRST NOTICE NEVER RECEIVED BY MY CLIENT AFTER THEY RECEIVED THE SECOND NOTICE THEY REALIZED THAT THEY NEED TO PAY FOR IT.
- 2- MY ASST, WAS NOT INFORMED THAT THIS COMPANY WAS CHANGED TO CORP. LAST YEAR.

PLEASE MAKE THE NECESSARY ADJUSTMENT TO CORRECT THIS APPLICATION.

THANK YOU FOR YOUR HELP IN ADVANCE.

SAM SALEH/ PRESIDENT

KHDER FAMILY CORPORATION P980000 16410