**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # P98000020004 t. Corporation Name

**FILED** Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90201 022 \*\*\*150.00



PAMZI &	NASER INCORPORATED				·{ .		·. · ·		
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	,	<u> </u>				<b>    </b>			
Principal Place	of Business	Mailing Address							
5112 ASHLEY L		5112 ASHLEY LAKE DRIVE				•			
APARTMENT #6		APARTMENT #633 BOYNTON BEACH FL 33437	7			DO NOT WR	ITE IN THIS	SPACE	
BOYNTON BEAG	CH FL 33437	BOTHLOW DEVOU LE 20421	•		3. Date Inci	orporated or Qualifed			
					03/02/	•			
a Principal P	lace of Business	2a. Mailing Address		<del></del> -	4. FEI Num			- Ap	plied For
		26			65		89	No	Applicable
21 4 8 0 Suite, Apt.		Suite, Apt. #, etc.						\$8.75 A	dditional
	#, <del>C</del> 10.	27			5. Certifcate	of Status Desired		Fee Re	quired
22 D Çity & State		City & State			6 Flection	Campaign Financing		\$5.00	Mav Be
a Dele	a. Rowh 71.	28				nd Contribution	Ö	Added t	
23 <u>19-2   K</u>	Country	Zip	Countr	y	a. This con	oration owes the cur	rent.year.in	tangible	-
24 334	45 25 PAIM BEACH		30			Property Tax.			□No
<u> </u>	g. Name and Address of Current		<u> </u>		10. Name a	nd Address of New	Registered	Agent	
			8	1 Name	<u> </u>				
ABU	-ISHID, RAMZI		8:	- Chanas	Address (P.O. Box N	tumber is Not Accept	able\		
5112	ASHLEY LAKE DRIVE		•	2 2000	AUDITOSS (P.O. BOX I	inningi is jour woods	<i></i>		
APA	RTMENT #633		8:	3					
BOY	NTON BEACH FL 33437		<u> </u>	1				85 Zip (	`odo
			8-	4 City		-	FL	_   85   Zip 0	,008
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agent. I a	Significant typed or primed name of registered agent	t and title if applicable (NOTE:	Registered Ag		required when reinstating)	<u> </u>	DATE		
agent. I a	m tamiliar with, and accept the chiligat Signifure, typed or primed name of registered egent OFFICERS AN	t and title if applicable (NOTE:	ing Olatore	ent algriature	required when reinstating)	this statement for the ectors. I hereby acce	DATE		
SIGNATURE	Signature, typed or primed name of registered agent OFFICERS ANI	t and tide if applicable (NOTE:	Registered Ag	ent signature	required when reinstating)	<u> </u>	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or primed name of registered agent OFFICERS ANI D ABU-IRSHID, RAMZI	t and title if applicable (NOTE:  D DIRECTORS	Registered Ap  13, 1.1 TITLE 12 HAME	ent signature	required when reinstating)	<u> </u>	DATE	ND DIRECTO	RS IN 12
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I nereoy certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), recind statutes. I turbe to stay that it is findicated on this annual report or suppliemental annual report is true and section with 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, Floride 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.