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FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90160 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000033893

1. Corporation Name
RASSAS BROTHERS, INC.



Principal Place of Business: 8318 VOLUSIA PLACE, TEMPLE TERRACE FL 33637
 Mailing Address: 8318 VOLUSIA PLACE, TEMPLE TERRACE FL 33637

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1998

4. FEI Number: 59-3512365 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 11142 N. 30th ST. Suite, Apt. #, etc.: 22
 City & State: 23 TAMPA, FLORIDA
 Zip: 24 33612 Country: 25 USA

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
 KAYALI, OSAMA
 8034 DEERWOOD CIRCLE
 TAMPA FL 33610

10. Name and Address of New Registered Agent
 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: RASSAS, MAGED S	
STREET ADDRESS: 8318 VOLUSIA PLACE	
CITY-ST-ZIP: TEMPLE TERRACE FL 33637	
TITLE: VPD	<input type="checkbox"/> DELETE
NAME: RASSAS, MAZEN S	
STREET ADDRESS: 8318 VOLUSIA PLACE	
CITY-ST-ZIP: TEMPLE TERRACE FL 33637	
TITLE: SD	<input type="checkbox"/> DELETE
NAME: RASSAS, ABD S	
STREET ADDRESS: 8318 VOLUSIA PLACE	
CITY-ST-ZIP: TEMPLE TERRACE FL 33637	
TITLE: TD	<input type="checkbox"/> DELETE
NAME: RASSAS, MAHER S	
STREET ADDRESS: 8318 VOLUSIA PLACE	
CITY-ST-ZIP: TEMPLE TERRACE FL 33637	
TITLE: D	<input type="checkbox"/> DELETE
NAME: RASSAS, MOHAMMED S	
STREET ADDRESS: 8318 VOLUSIA PLACE	
CITY-ST-ZIP: TEMPLE TERRACE FL 33637	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address, with all other like empowered.

SIGNATURE: MAGED S. RASSAS 4/20/99 (813) 979-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)