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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000053609

MIDDLE EAST, INC.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90051 007 ***158.75



Principal Place	of Business	Mailing Address			11991/021 119 19101 1211				
5990 (R) N. FEDERAL HIGHWAY		5990 (R) N. FEDERAL HIGHWAY		Ì					
FORT LAUDERDALE FL 33308		FORT LAUDERDALE FL 33308			DO NOT WRITE IN THIS SPACE				
				-	3. Date Incorporated or Qual		7 31 AOL		ŀ
					06/16/1998			}	
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
2. FINCIPALE.	70 Al. State Rd. 7	26 133 S. UNIVERSITY DR.		_	65-084=	854	<u> </u>	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etg		*			\$8.75	Additional	
22		27 Suito 202		ĺ	5. Certificate of Status Desire	d LLET	Fee Re	quired	
City & State		City & State			-6. Election Campaign Finance	ing=======	\$5:00	May Be	<u>-</u> -
23 LAUDERDALE LAKES, PL		28 MANKATION, PL			Trust Fund Contribution		Added t	o Fees	1
Zip	Country	Zip	Country		8. This corporation owes the	current year In			
24 3331	19 25 <u>USA</u>	29 33324 3	BROWA	RD	Personal Property Tax.		Yes	№ No	
	Name and Address of Current I	Registered Agent	81 Name		10. Name and Address of N	w Registered	Agent		
5414	9HSHEH. W.	AFI.							
DAHS	82 Street	Addres	s (P.O. Box Number is Not Acc	eptable)	-N		1		
5990 (R) N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33308			C/ 0	2_/	MGMT CORI				Ì
FURI	83 1133	2 (Marillobotty	1)R. S-	THE ST	22			
			84 C4/	<u>ب ر</u>	MUIVERSTOY	 	85 Zip (Code	1
			Y/A	NŁ	Ation,	<u> </u>	- 133	324	1
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 ar	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	a Statutes.		Λ.				
SIGNATURE	LUAFL DA	HISHEH PR	es. Sec.		ya	11.29	1999		1
	Signature, typed or printed name of registered agent a	 ``	egistered Agent signature re	equired w		DATE /	UD DIRECTO	DC (A) 12	1 8
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE	Dec.	ADDITIONS/CHANGES TO	OFFICERS A	Change	☐ Addition	1
TITLE	DATIONER BILL	- Officia	1.2 NAME	DF	THUEL WAF	٠.		_	;
NAME	Dahsheh, Bill. 5990 (r) N. Federal Highway		1.3 STREET ADDRESS	11	33 S. UNIVERS	ity DR.	STE	202	8
STREET ADDRESS	FORT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP	2/1	ANHALIMI FI	23324-	-3303		5
CITY-ST-ZIP	FORT DAODERDALE TE 33300	☐ DELETE	2.1 TITLE 1/2	7 1	AHCILA MA	10	Change	Addition	6
NAME		—	2.2 NAME	10 D	ועזין פאדוטוווי	VH			
			2.3 STREET ADDRESS	8	3203 N.W. 94	h C7			ļ
STREET ADDRESS			2 4 CITY-ST-ZIP	D	JANTA-TION F	3332	4-128	90	
CITY-ST-ZIP		DELETE	3.1 TITLE	71			Change	Addition	1_
NAME		-	3.2 NAME		•	_			
STREET ADDRESS			3.3 STREET ADDRESS	'				,	ĺ
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	[
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS					, ,	ĺ
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition	Ì
NAME			5.2 NAME						Ì
STREET ADDRESS			5.3 STREET ADDRESS						1
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME						1
STREET ADDRESS			6.3 STREET ADDRESS		· ·			ļ	ļ
CITY-ST-ZIP			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 the empowered.

SIGNATURE: