PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000083929

MARYHAM, INC.

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90088 010 ***150.00



					-		H BA B 1887 1886	
Principal Place of Business Mailing Address								٠,
CLEARWATER MALL CLEARWATER MALL								•
	19 N., SPACE #148 (E-13)		20505 US HWY 19 N. SPACE #148 (E-13)			DO NOT WRITE IN THIS SPACE		
CLEARWATER FL 33764 CLEARWATER FL 33764						3. Date incorporated or Qualifed		
		•				09/28/1998		}
2. Principal Place of Business 2a. Mailing Address						4, FEI Number	Ap	plied For
21		26	<u> </u>			59-3533712	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				8 Certificate of Status Desired	\$8.75 A	dditional
22	•	27	27			8, Certificate of Status Desired	Fee Re	quired
City & State	City & State	ity & State			6. Election Campaign Financing	~ \$5.00		
23		28				Trust Fund Contribution	Added to	o Fees
Zip				Country		8. This corporation owes the current year Inte	ngible □ Yes	XINo
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registered A		DINO
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registered A	(Dan) et	
AKHNOUKH, AMANY ADLY CLEARWATER MALL					1141170			
				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
20505 US HWY 19 N., SPACE #148 (E-13)				83				
CLEARWATER FL 33764							, , -	
, 	***************************************			84	City	FL	85 Zip C	code
207 000 and 007 1500 Plants the about games composition submits this statement for the purpose of changing its registered								
11, Pursuant to the provisions of Sections 607.1506, Florida Statistics, the above talks to the provisions of Sections 607.1506, Florida Statistics, the above talks to the composition 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered)					Algmeture rectained			
12.	OFFICERS A	ND DIRECTORS	13,			ADDITIONS/CHANGES TO OFFICERS AND		
TILE	P ARINA	DELETE	1.1 Π	πE	ĺ		Change	Addition
NAME	AMANY ADLY AK	MINOUTH HOLE	12 NAME					
STREET ADDRESS	20505 45 HWY	505 US HWY 19 N SPILE 1701-416		REET	ADDRESS			}
CITY-ST-ZIP	Clearwater, FL	33 164	1.4 CI	TY-ST	-ZIP		Change	Addition
TITLE ·	·	☐ DELETE	2.1 17		1		ال المساول	
NAME	-		22 NAME				•	
STREET ADDRESS			_	_	ADDRES\$,		- {
CITY:ST-ZIP	<u> </u>	□ DELETE	2.4C	ITY- 51	(-ZIP)		Change	Addition
TITLE		□ nere₁e	3.1 II	-				
NAME		للوالعد التيكناه في الراز اليير			ADORESS			
STREET ADDRESS		•						1
CITY-ST-ZE		☐ DELETE	3.4.C	TY-57			[] Change	Addition
TITLE		- Valle, 4	4.2 N		{			_
NAME					ADDRESS			
STREET ADDRESS					- 1]
CITY-ST-ZIP		☐ DELETE	4.4 CTY-5				Change	☐ Addition
NAME		المرابط ليها	5.2 N	_			- •	
STREET ADDRESS					ADORESS			t
CITY-ST-ZIP			5.4 CI	TY-ST	-20P			
TITLE	<u> </u>	☐ DELETE	6.1 TI				Change	Addition
NAME			6.2 N	WE				}
STREET ADDRESS	er segan in 1995		6.3 \$1	REET.	ADDRESS			ł
			5.4 CT	TY-ST	.ZIP			{
CITY-ST-ZIP		<u> </u>						

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 ennual report or suppliemental 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:

AMERICAN DE PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/19/99

Dayome Phone