

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S21571 (2)

1. Corporation Name  
HABIB INVESTMENTS, INC.

Principal Place of Business

3249 HUNTINGTON PL. DR.  
SARASOTA FL 34237  
US

Mailing Address

3249 HUNTINGTON PL. DR.  
SARASOTA FL 34237-3802  
US



3. Date Incorporated or Qualified 12/31/1990  
3a. Date of Last Report 05/01/1996

4. FEI Number 58-1925263  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 9700 KOGER BLVD N  
Suite, Apt. #, etc.

22 307  
City & State

23 ST PETERSBURG FL  
Zip Country

24 33702 25 PINELLAS

2a. Mailing Address

26 9700 KOGER BLVD N  
Suite, Apt. #, etc.

27 307  
City & State

28 ST. PETERSBURG  
Zip Country

29 FL 30 PINELLAS

9. Name and Address of Current Registered Agent

DESJARLAIS, MARY LYNN  
8075 SOUTH BENEVA ROAD  
SUITE 6  
SARASOTA FL 34238

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	KHADER, IBRAHIM	
STREET ADDRESS	3249 HUNTINGTON PL. DR.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HABIB, MOHAMMAD SAID	
STREET ADDRESS	3249 HUNTINGTON PL. DR.	
CITY - ST - ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	IBRAHIM KHADER	
1.3 STREET ADDRESS	9700 KOGER BLVD N STE 307	
1.4 CITY - ST - ZIP	ST PETERSBURG FL	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOHAMMAD SAID HABIB	
2.3 STREET ADDRESS	9491 HIGHLAND OAK DR #1710	
2.4 CITY - ST - ZIP	TAMPA FL 33647	
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 do 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  IBRAHIM KHADER 4-27-97 8135781612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E034 (9/96)