

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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S21571 (2)**  
 1. Corporation Name  
**HABIB INVESTMENTS, INC.**



Principal Place of Business <b>3249 HUNTINGTON PL. DR. SARASOTA FL 34237 US</b>	Mailing Address <b>3249 HUNTINGTON PL. DR. SARASOTA FL 34237-3802 US</b>
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3. Date Incorporated or Qualified <b>12/31/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>9700 KOGER BLVD N</b> Suite, Apt. #, etc. 22 <b>307</b> City & State 23 <b>ST PETERSBURG FL</b>	2a. Mailing Address 26 <b>9700 KOGER BLVD N</b> Suite, Apt. #, etc. 27 <b>307</b> City & State 28 <b>ST. PETERSBURG</b> Zip 29 <b>FL</b> Country 25 <b>PIWELLAS</b> 30 <b>PIWELLAS</b>
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4. FEI Number <b>58-1925263</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DESJARLAIS, MARY LYNN 8075 SOUTH BENEVA ROAD SUITE 6 SARASOTA FL 34238</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME <b>IBRAHIM KHADER</b>		
1.3 STREET ADDRESS <b>9700 KOGER BLVD N STE 307</b>		
1.4 CITY - ST - ZIP <b>ST PETERSBURG FL</b>		
2.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME <b>MOHAMMAD SAID HABIB</b>		
2.3 STREET ADDRESS <b>9491 HIGHLAND OAK DR #1710</b>		
2.4 CITY - ST - ZIP <b>TAMPA FL 33647</b>		
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 Daytime Phone #

CR2E034 (9/96)