

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90015 035 ***550.00

DOCUMENT # **S24189**

1. Corporation Name

ALBADER TRAVEL & TOURISM INC.

595629 - 90013 - JJ



Principal Place of Business
**3251 LAKE GEORGE COVE DRIVE
ORLANDO FL 32812**

Mailing Address
**3251 LAKE GEORGE COVE DRIVE
ORLANDO FL 32812**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1991

4. FEI Number

59-3103789

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. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

P.O. BOX 620051

ORLANDO FLORIDA

32862-0051

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FAKHOURY, MAURICE
3251 LAKE GEORGE COVE DRIVE
ORLANDO FL 32806**

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 **P** ☐ DELETE
NAME **ALDODERI, BADER YOUSIF**
STREET ADDRESS **AL BADER HOUSE, GOV. RD.**
CITY-ST-ZIP **MANAMA - BAHRAIN**

TITLE **V** ☐ DELETE
NAME **ALDOSERI, KHALID YOUSIF**
STREET ADDRESS **AL BADER HOUSE, GOV. RD.**
CITY-ST-ZIP **MANAMA - BAHRAIN**

TITLE **S** ☐ DELETE
NAME **FARLDA SULTAN**
STREET ADDRESS **3251 LAKE GEORGE COVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ DELETE
NAME **FAKHOURY GEORGE**
STREET ADDRESS **3251 LAKE GEORGE COVE DR**
CITY-ST-ZIP **ORLANDO FL 32512**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D ASSAL, RATA**
4.3 STREET ADDRESS **509 S. OSCEOLA AVE**
4.4 CITY-ST-ZIP **ORLANDO, FL 32801**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/99 (407) 841 8111

CR2E034 (5/99)