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Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S40545** (3)

1. Corporation Name  
**SAWAYA, INC.**



Principal Place of Business Mailing Address  
**5003 EDGEWATER DR. 5003 Edgewater Dr. P.O. Box 607328**  
**ORLANDO FL 32810 ORLANDO FL 32810-7328**  
**ORLANDO, FL 32860-7328 ORL. FL 32860-7328**

2. Principal Place of Business 2a. Mailing Address  
21 **5003 Edgewater Dr.** 26 **SAWAYA INC.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **P.O. Box 607328** 27 **P.O. Box 607328**  
City & State City & State  
23 **ORLANDO, FL 32860-7328** 28 **ORLANDO, FL 32860-7328**  
Zip Zip Country Country  
24 **ORANGE** 29 **ORANGE**

3. Date Incorporated or Qualified 3a. Date of Last Report  
**03/22/1991** **04/26/1996**  
4. FEI Number Applied For  
**59-3061270** 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**SAWAYA, NASRI** 81 Name  
**5003 EDGEWATER DR. P.O. Box 607328** 82 Street Address (P.O. Box Number is Not Acceptable)  
**ORLANDO FL 32810** 83  
**ORLANDO, FL 32860-7328** 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: type or printed name of registered agent and file, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAWAYA, NASRI</b>	1.2 NAME	<b>5003 Edgewater Dr</b>
STREET ADDRESS	<b>5003 EDGEWATER DR.</b>	1.3 STREET ADDRESS	<b>ORLANDO - FL. 32810</b>
CITY - ST - ZIP	<b>ORLANDO FL 32810</b>	1.4 CITY - ST - ZIP	<b>ORLANDO - FL. 32810</b>
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEORGE SAWAYA</b>	2.2 NAME	<b>640 Field Club CRL.</b>
STREET ADDRESS	<b>P.O. Box 607328</b>	2.3 STREET ADDRESS	<b>Casselberry - FL. 32707</b>
CITY - ST - ZIP	<b>ORL. FL 32860-7328</b>	2.4 CITY - ST - ZIP	<b>Casselberry - FL. 32707</b>
TITLE	<b>V.P.</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAJAT SAWAYA</b>	3.2 NAME	<b>640 Field Club CRL.</b>
STREET ADDRESS	<b>P.O. Box 607328</b>	3.3 STREET ADDRESS	<b>Casselberry - FL. 32707</b>
CITY - ST - ZIP	<b>ORLANDO, FL 32860-7328</b>	3.4 CITY - ST - ZIP	<b>Casselberry - FL. 32707</b>
TITLE	<b>S.</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELISE WELCH</b>	4.2 NAME	<b>640 Field Club CRL.</b>
STREET ADDRESS	<b>P.O. Box 607328</b>	4.3 STREET ADDRESS	<b>Casselberry - FL. 32707</b>
CITY - ST - ZIP	<b>ORL. FL. 32860-7328</b>	4.4 CITY - ST - ZIP	<b>Casselberry - FL. 32707</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 in an attachment with an address.

SIGNATURE: **7. G. Sawaya - NASRI. G. SAWAYA - 2/10/97 2956048**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)