

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY -1 AM 10:26

CELESTINE
TAMARAC, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Candice B. Neffert
Secretary of State
Division of CORPORATIONS

DOCUMENT # **S78303** (2)
1. Corporation Name
REYER ENTERPRISES, INC.

Principal Place of Business
**8217 NW 88TH AVE.
TAMARAC FL 33321
US**

Mailing Address
**11813 ISLAND LAKES LANE
BOCA RATON FL 33498
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/06/1991		3a. Date of Last Report 08/09/1994	
4. FFI Number 65-0285065		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent REYER, KENNETH 8217 NW 88TH AVENUE TAMARAC FL 33321				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D REYER, KENNETH 11813 ISLAND LAKES LANE BOCA RATON FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied on this report is voluntarily furnished and claims not qualify for the exemption stated in Sections 119.07(6)(b), Florida Statutes. Further, I 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 this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an addition.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95
305-7262253

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matheson Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S78530** (0)

1. Corporation Name
DAOUD MANAGEMENT, INC.

Principal Place of Business 5303 MACBETH CT. TAMPA FL 33624	Mailing Address 5303 MACBETH CT. TAMPA FL 33624
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

APPROVED
JAN 10 1996
TAMPA, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/09/1991	3a. Date of Last Report 04/26/1994
4. FEI Number 59-3089248	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	

9. Name and Address of Current Registered Agent

**DAOUD, RAYMOND
5303 MACBETH CT
TAMPA FL 33624**

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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent or Secretary of Corporation)
 _____ (Signature of Registered Agent or Secretary of Corporation)
 _____ (Signature of Registered Agent or Secretary of Corporation)

12. OFFICERS AND DIRECTORS

TITLE D	NAME DAOUD, GEORGE J.
STREET ADDRESS 5303 MACBETH CT	
CITY, ST, ZIP TAMPA FL	
TITLE D	NAME BASSIL, GEORGE
STREET ADDRESS 5303 MACBETH CT	
CITY, ST, ZIP TAMPA FL	
TITLE D	NAME DAOUD, RAYMOND
STREET ADDRESS 5303 MACBETH CT	
CITY, ST, ZIP TAMPA FL	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

Delete George J. Daoud

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(7)(b), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 447, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an affidavit.

SIGNATURE: *Raymond Daoud* 5-1-95 813 933-6933
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR