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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 JUN 30 AM 8: 50 DOCUMENT # (5) S81907 SECRETARY OF STATE TALLAHASSEE, FLORIDA al-Jumaa, inc. Mailing Address Principal Place of Business 5111 PINE TREE DR 5111 PINE TREE DR P.O. BOX 2011 P.O. BOX 2011 HOLLYWOOD FL 33022 HOLLYWOOD FL 33022 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 09/20/1991 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 65-0246631 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζp Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗀 No 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent SUKKAIR, MAZEN M. 2435 HOLLYWOOD BLVD #202 82 HOLLYWOOD FL 33020 83 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) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 Change Addition DELETE 1.1 TITLE TITLE 400002232444--2 SUKKAR, MAZEN 1.2 NAME NAME -07/08/97--01037--005 2432 HOLLYWOOD BLVD 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 ****165.00 ****165<u>00</u> CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition 21 HILE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-\$1-7IP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST®ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addilion DELETE 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 54 CITY-ST-ZIP Addition DELETE 611ITLE TITLE 6.2 NAME NAME 6.3 STREFT ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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 on 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.