**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90183 023 \*\*\*150.00

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DOCUMENT # S81907  1. Corporation Name	_
AL-JUMAA, INC-	 

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Principal Plac	e of Business	Mailing Address			rætte datie tame meere miner dimte me	fer Billia delbre cone
5111 PINE TREE OR P.O. BOX 2011 HOLLYWOOD FL 33022		5111 PINE TREE OR P.O. BOX 2011 HOLLYWOOD FL 33022		Po vo	TIMETE IN THE PRICE	
				3. Date Incorporated or Qu	T WRITE IN THIS SPACE	
				09/20/1991	1211100	
2. Principal P	ace of Business	2a. Malling Address		4. FEI Number		Applied For
6915	Red Road,	28 6915 Red	Road	<u>65-0246631</u>		Not Applicable
Suite, Apt. 22 220	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Des	200   T - 11	5 Additional Required
City & Stat		City & State		6. Election Campaign Fina	ncing\$5.0	00 May Be
=	i Gables, FL	Z8 Coral Gab	les FT	Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country	8. This corporation owes the	e current year Intangible	
24 3314	3 25 USA	29 33143	USA	Personal Property Tax.	Yes Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of	New Registered Agent	
			81 Name	Toni H. Alam		
SUKKAIR, MAZEN M.		82 Street	t Address (P.O. Box Number is Not A	cceptable)		
	HOLLYWOOD BLVD #202		11	6915 Red Road.	Suite 220	
HOL	LYWOOD FL 33020		83			
			84 City		85 Z	ip Code
			"	Coral Gables,	<b>₽-1</b> _ \	13143
44 5	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-name	corporation submits this statement	or the purpose of changing	its registered
11. Pursuant					PICCEPT THE MUDUING MENT AS	registered
office or r	egistered agent, or both, in the State of	of Florida, Such Change was automated of Section 607 0505. Florid	da Statella	Diadous Dodge of Chapters 1 Heleon	200000000000000000000000000000000000000	•
	to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligati		da Statellas.	Malan Mar	4/30/99	•
office or r agent i a SIGNATURE	Toni H. Alam,	C.P.A.	12/2/2	required when restrating)	4/30/99	
		C. P. A. and little if applicable. C. NOTE:	12/2/2	redress when sensitive)	4/30/99 TO OFFICERS AND DIRECT	CTORS IN 12
SIGNATURE	Toni H. Alam, Signalure, typed or printed name of registered agent	C. P. A. and little if applicable. C. NOTE:	Registered Agent signature	redress when sensitive)	4/30/99	CTORS IN 12
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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, with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Z