

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 2:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V10637 (9)
1. Corporation Name
ADB DESIGN AND BUILDING CORPORATION

Principal Place of Business
**777 S. FLAGLER DR.
800 WEST
WEST PALM BEACH FL 33401
US**

Mailing Address
**777 S. FLAGLER DR.
800 WEST
WEST PALM BEACH FL 33401
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/31/1992** 3a. Date of Last Report **04/26/1994**
4. FEI Number **65-0321918** 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**
6. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **21** Suite, Apt. #, etc.
22 **22** City & State
23 **23** Zip Country
24 **24** 25 **25** 26 **26** 27 **27** 28 **28** 29 **29** 30 **30**

9. Name and Address of Current Registered Agent

**AHDAB, MISBAH M.
525 S. FLAGLER DR., APT. 26D
SUITE 310E
WEST PALM BEACH FL 33401**

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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **AHDAB, MISBAH M.**
STREET ADDRESS **525 S FLAGLER DR, #26D**
CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE **D**
NAME **AHDAB, HIND**
STREET ADDRESS **525 S FLAGLER DR, #26D**
CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Ahdab, Misbah M.**
1.3 STREET ADDRESS **525 S. Flagler Dr., #26D**
1.4 CITY - ST - ZIP **West Palm Beach, FL 33401**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **Ahdab, Hind**
2.3 STREET ADDRESS **525 S. Flagler Dr. #26D**
2.4 CITY - ST - ZIP **West Palm Beach, FL 33401**

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
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report and 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 change of name or appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95
Date

407-820-9426
Typed Name