

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

CORPORATION ANNUAL REPORT 1995

FLORENCE DEPARTMENT OF STATE
Sandra B. Mortum
Secretary of State
DIVISION OF CORPORATIONS



APPROVED AND FILED

95 APR 25 AM 9:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V13050 (2)

1. Corporation Name
ODLP - FLORIDA, INC.

Principal Place of Business Mailing Address

**C/O ARENT FOX
1050 CONNECTICUT AVE., NW
WASHINGTON DC 20036**

**C/O ARENT FOX
1050 CONNECTICUT AVE., NW
WASHINGTON DC 20036**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip County Zip County

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

02/11/1992 **05/16/1994**

4. FEI Number Applied For

98-0128858 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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | PS |
| NAME | HAKIM, ALFRED R |
| STREET ADDRESS | C/O ALMABANI GENERAL CONTRACTORS, JEDDAH 21461 SAUDI ARABIA |
| CITY - ST - ZIP | |
| TITLE | T |
| NAME | HADDAD, SOUHEIL |
| STREET ADDRESS | C/O ALMABANI GENERAL CONTRACTORS JEDDAH 21461 SAUDI ARABIA |
| CITY - ST - ZIP | |
| TITLE | D |
| NAME | RIZK, FOUAD I |
| STREET ADDRESS | C/O ALMABANI GENERAL CONTRACTORS JEDDAH 21461 SAUDI ARABIA |
| CITY - ST - ZIP | |
| TITLE | D |
| NAME | TOHME, NEHME Y |
| STREET ADDRESS | C/O ALMABANI GENERAL CONTRACTORS JEDDAH 21461, SAUDI ARABIA |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: Alfred R. Hakim **Alfred R. Hakim APRIL 10, 95** **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Title)