

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:41

DOCUMENT # **K74925** (4)

1. Corporation Name
MAALI ENTERPRISES, INC.

Principal Place of Business Mailing Address
C/O JESSE ISSA MAALI
9117 MIDPINES COURT
ORLANDO FL 32819-4307
C/O JESSE ISSA MAALI
9117 MIDPINES COURT
ORLANDO FL 32819-4307

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/23/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2941788** 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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **6454 INTERNATIONAL DR** 26 **6454 INTERNATIONAL DR**

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

22 City & State 27 City & State
ORLANDO FL **ORLANDO FL**

24 **32819** 25 **ORANGE** 29 **32819** 30 **ORANGE**

9. Name and Address of Current Registered Agent
MAALI, JESSE ISSA
9117 MIDPINES COURT
ORLANDO FL 32809

10. Name and Address of New Registered Agent
81 Name **MAALI, JESSE ISSA**
82 Street Address (P.O. Box Number is Not Acceptable)
6454 INTERNATIONAL DR.
83
84 City **ORLANDO** FL 85 Zip Code **32819**

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 registering)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MAALI, JESSE ISSA
STREET ADDRESS	9117 MIDPINES CT.
CITY - ST - ZIP	ORLANDO 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAALI, JESSE ISSA	
1.3 STREET ADDRESS	6454 INTERNATIONAL DR.	
1.4 CITY - ST - ZIP	ORLANDO FL 32819	
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 119.07(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 person 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 affidavit.

SIGNATURE: _____ DATE: **4/7/95** **407/345-8779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR