

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$375 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 1:10:38

DOCUMENT # P94000010110 (2)

1. Corporation Name

ALI BABA FLOORING OUTLET, INC.

Principal Place of Business

Mailing Address

715 E. IRLO BRONSON HIGHWAY
KISSIMMEE FL 34744

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KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1501 KELLEY

26 1501 N. KELLEY

4. FEI Number

59-3292887

Applied For

Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

KISSIMMEE FL

KISSIMMEE FL

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 Zip

Country

29 Zip

30 Country

34744

USA

34744

OSCEOLA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCINTEE, JOHN E
241 E. RUBY AVE.
SUITE B
KISSIMMEE FL 34741

81 Name KEIKAVOUS SALEHI

82 Street Address (P.O. Box Number is Not Acceptable)
2417 FRANKLIN DR

83

84 City KISSIMMEE FL 85 Zip Code 34744

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

K. Salehi

Signature valid or terminated by Registered Agent and the filer.

(NOTE: Registered Agent signature required when reappointing)

DATE

6-13-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE DPST
NAME SALEHI, KEIKAVOUS D
STREET ADDRESS 2417 FRANKLIN DR.
CITY ST ZIP KISSIMMEE FL 34744

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE DVP
NAME SADATHENDI, FATEMEH
STREET ADDRESS 2417 FRANKLIN DR.
CITY ST ZIP KISSIMMEE FL 34744

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(b), 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:

K. SALEHI

PRESIDENT

K. Salehi

407-870-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Printed