


FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90029 017 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Morris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000010110

1. Corporation Name
 ALI BABA FLOORING OUTLET, INC.

Principal Place of Business Mailing Address
 1501 KELLY KISSIMMEE FL 34744 US
 1501 N KELLY KISSIMMEE FL 34744 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 01/31/1994

4. FEJ Number 59-3292887 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 if Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State 27 City & State

24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

SALEHI, KEIKAVOUS
 2417 FRANKLIN DR
 SUITE B
 KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name Salehi, Parham
 82 Street Address (P.O. Box Number is Not Acceptable) 2484 Parson Pond Cr.
 84 City Kissimmee, FL 85 Zip Code 34743

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]* DATE 3-26-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALEHI, KEIKAVOUS D	1.2 NAME	SALEHI, KEIKAVOUS D
STREET ADDRESS	2417 FRANKLIN DR.	1.3 STREET ADDRESS	1501 N. KELLEY AVE.,
CITY-ST-ZIP	KISSIMMEE FL 34744	1.4 CITY-ST-ZIP	KISSIMMEE FL., 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADATHENDI, FATEMEH	2.2 NAME	Sadathendi, Fatemeh
STREET ADDRESS	2417 FRANKLIN DR.	2.3 STREET ADDRESS	1501 N. Kelley Ave
CITY-ST-ZIP	KISSIMMEE FL 34744	2.4 CITY-ST-ZIP	Kissimmee, Florida 34744 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALEHI, PARHAM	3.2 NAME	Gorshoff, Nancy
STREET ADDRESS	2484 PARSONS POND CR.	3.3 STREET ADDRESS	1501 N. Kelley Ave.
CITY-ST-ZIP	KISSIMMEE FL 34743	3.4 CITY-ST-ZIP	Kissimmee, Florida 34744 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3-26-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *[Signature]* DATE: 5-19-99

Daytime Phone #: 407-870-9292

CR2E034 (1/198)