

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000047701 (5)**

1. Corporation Name

ACE MANAGEMENT ENTERPRISES OF CENTRAL FLORIDA, I NC.



Principal Place of Business

Mailing Address

2323 E 192 HWY
KISSIMMEE FL 34744
US

2323 E 192 HWY
KISSIMMEE FL 34744
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

DEROY, SAL
2458 PINE CHASE CIRCLE
ST. CLOUD FL 34769

3. Date Incorporated or Qualified
06/22/1994

3a. Date of Last Report
08/04/1995

4. FEI Number
59-3246267

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 s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81 Name
Amer M. Maali
82 Street Address (P.O. Box Number is Not Applicable)
2323 E 192 Hwy
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, hereby, accept the appropriate fee as registered agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Amer M Maali Amer M Maali, President

4-1-96

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DEROY, SAL	
STREET ADDRESS	2323 E 192 HWY	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MAALI, AMER M	
STREET ADDRESS	2323 E 192 HWY	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
15 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	President
17 STREET ADDRESS	
18 CITY-ST-ZIP	
19 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
20 NAME	Vice-President
21 STREET ADDRESS	Khalil A. Maali
22 CITY-ST-ZIP	2323 E 192 Hwy
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	Kissimmee FL 34744
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(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 attached form with an address.

SIGNATURE:

Amer M Maali Amer M. Maali

4-1-96 (407)870-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)