

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000021727 (9)
 1. Corporation Name
BEST OF ORLANDO INC.



Principal Place of Business	Mailing Address
4407 VINELAND RD SUITE D-5 ORLANDO FL 32811	4407 VINELAND RD SUITE D-5 ORLANDO FL 32811

2. Principal Place of Business	2a. Mailing Address
21 7101 PRESIDENT DR. Suite, Apt #, etc. 22 suite 106 City & State 23 ORLANDO, FL Zip 24 32801	26 7101 PRESIDENT DR. Suite, Apt #, etc. 27 SUITE 106 City & State 28 ORLANDO, FL Zip 29 32801 Country 25 ORANGE 30 ORANGE

3. Date Incorporated or Qualified 03/16/1995	3a. Date of Last Report
4. FEI Number 59-3305998	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAYYED, MAHER 4407 VINELAND RD SUITE D-5 ORLANDO FL 32811	81 Name SAYYED, MAHER 82 Street Address (P.O. Box Number is Not Acceptable) 7101 PRESIDENT DR. 83 84 City ORLANDO FL 85 Zip Code 32801

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. PRESIDENT Mohamed in Zlitni 1024 WHALE BONE BAY DR. MISSISSAUGA FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAHER SAYYED President MAHER SAYYED 4701 WINDWOOD DR. ORLANDO FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Waleed YUNIS 10093 Chestnut Dr ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

800001891588
-07/12/96--01004--016
*****225.00**

Handwritten signature and initials

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: _____ DATE: **06-15-96** TELEPHONE: **407 852-6080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)