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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # POACOC

Corporation Name	F940000/94/5	(I)
ALSONIC INVESTMEI	NTS, INC.	

Principal Place of Business 16032 E. AINTREE DRIVE LOXAHATCHEE FL 33470		Mailing Address 16032 E. AINTREE DRIVE LOXAHATCHEE FL 33470				
					3. Date Incorporated or Qualified 10/27/1994	3a. Date of Last Report 03/07/1995
	Place of Business	2a. Mailing Addres	S		4. FEI Number	Applied For
21 Cuito Act	# ala	26			65-0534299	Not Applicable
Suite, Apt 22 City & Stat		Suite, Apt #, e	:c		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	ic:	City & State			Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Co	untry	8. This corporation has liability for	· ·
24	25	29	30	,		Yes X No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	
ALI	, MOHAMED			81 Name		
	32 E. AINTREE DRIVE			62 Street Add	ress (P.O. Box Number is Not Acceptab	ile)
	XAHATCHEE FL 33470					
				63		
				84 City		85 Zip Code
						F1
Office of r	registered agent, or norn, in the State am familiar with land accept the oblig	of Flor da. Such change ations of, Section 607,05	was authorized	d by the cornorati	oration submits this statement for the pu on's board of directors. Thereby accept	the appointment as registered
	Stignature, type the priete or any of registered age	ent and file if apple, itse	(NOTE Registers	ed Agent signature requi	rod when remstaling"	DA'F
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PTD	[] DELE	.TE 11T	ITCE		Change Addition
NAME	ALI, MOHAMED		1.2 N	IAME .		
STREET ADDRESS	16032 E. AINTREE DRIVE		138	STREET ADDRESS		
CITY-ST-2IP	LOXAHATCHEE FL 33470			DITY - ST - ZIP		
TITLE	SVD	L DELF	7F 211	ITLE		Change Addition
NAME	ALI, SARA V		22 N	IAME		Committee Land Control
STREE! ADDRESS	16032 E. AINTREE DRIVE					C
CITY - ST - ZIP	1 * * · · · · · · · · · · · · · · · · ·		238	STREET ADDRESS		
7171.5	LOXAHATCHEE FL 33470	0.00	2 4 (C-TY - ST - ZIP		
TITLE	LOXAHATCHEE FL 33470	DELE	2 4 C	CHY - ST - ZIP		Change Addition
NAME	LOXAHATCHEE FL 33470	DELE	2 4 C TE 3 1 T 3 2 N	C:TY - ST - ZIF! IBLE IAME		
NAME STHEET ADDRESS	LOXAHATCHEE FL 33470	DELE	2 4 C TE 3 1 1 3 2 N 3 3 S	C:TY - ST - ZIP ITLE IAME STREET ADORESS		
NAME STHEET ADDRESS CITY+ST-ZIP	LOXAHATCHEE FL 33470		2 4 0 TE 3:1 32 N 33 S 34.0	OTY - ST- ZIP THE JAME STREET ADDRESS CITY- ST- ZIP		Change Add-bon
NAME STHEET ADDRESS CITY-ST-ZIP TITLE	LOXAHATCHEE FL 33470	DELE	2 4 0 TE 311 32 N 33 S 34 0 TE 41 T	CITY - ST- ZIP ITHE IAME ITHEET ANORESS CITY - ST- ZIP - TLE		
NAME STHEET ADDRESS CITY - ST-ZIP TITLE NAME	LOXAHATCHEE FL 33470		2 4 0 TE 3:1 32 N 33 S 34 0 TE 41 T	CITY - ST - ZIP ITLE IAME ITREET ADDRESS CITY - ST - ZIP - TLE NAME		Change Add-bon
NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LOXAHATCHEE FL 33470		2 4 6 TE 3 1 1 3 2 N 3 3 S 3 4 C IE 4 1 T 4 2 A 4 3 S	CITY - ST - ZIP ITLE IAMF ITREET ADDRESS CITY - ST - ZIP - ITLE SAME STREET ADDRESS		Change Add-bon
NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOXAHATCHEE FL 33470	DELE	2 4 6 TE 3 1 1 3 2 N 3 3 S 3 4 C IE 4 1 T 4 2 A 4 3 S 4 4 C	CHY-ST-ZIP ITLE IAME ITREET ADDRESS CHY-ST-ZIP -TLE SAME STREET ADDRESS CHY-ST-ZIP		Change Addition Change Addition
NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LOXAHATCHEE FL 33470		2 4 0 TE 3:1 32 N 33 S 34.0 TE 41 T 4 2 N 4 3 S 4 4 C TE 5 1 T	CITY - ST - ZIP ITLE JAMF JUREET ADDRESS CITY - ST - ZIP - TLE NAME STREET ADDRESS CITY - ST - ZIP ITLE		Change Addition
NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LOXAHATCHEE FL 33470	DELE	2 4 0 TE 3 11 3 2 N 3 3 S 3 4 C 4 1 T 4 2 N 4 3 S 4 4 C 1E 5 1 TI 5 2 N	CITY - ST- ZIP ITLE JAME		Change Addition Change Addition
NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LOXAHATCHEE FL 33470	DELE	2 4 0 TE 3 1 1 3 2 N 3 3 S 3 4 C 4 1 T 4 2 A 4 3 S 4 4 C 5 1 TI 5 2 N 5 3 S	CHY-ST-ZIP THE JAME JAME JAME JAME JAME JAME JAME JAM		Change Addition Change Addition
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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 are 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, or on an attachment with an address

MOHAMED ALI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: