

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # G99173

(8)

1. Corporation Name

SHRUM, ALI AND ASSOCIATES, INC.

95 JAN 18 PM 4:01

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6175 NW 153 ST.
SUITE 402
MIAMI LAKES FL 33014**

Mailing Address
**6175 NW 153 ST.
SUITE 402
MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified
03/02/1984

3a. Date of Last Report
01/31/1994

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

25. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

4. FEI Number
59-2401110

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALI, KHALED I.
6175 NW 153 STREET, SUITE 402
MIAMI LAKES, 33014**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

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 (Typed or Printed Name of Registered Agent and Title if applicable)

Signature (Typed or Printed Name of Registered Agent and Title if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**PD
ALI, KHALED I.
3754 PINE LAKE DRIVE
FT. LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**SD
ALI, KHALED I.
3754 PINE LAKE DRIVE
FT. LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY ST ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY ST ZIP

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY ST ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY ST ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY ST ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(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 liquidator 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: Khaled I. Ali KHALED I. ALI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/95 (305) 822-1865

DATE

TELEPHONE NUMBER