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

PROFIT CORPORATION ANNUAL REPORT



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

1996

K03262 **DOCUMENT #**

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OHLANDO THIS END UP, INC.					
Principal Place of Business	Mailing Address				
1309 EXCHANGE ALLEY RICHMOND VA 23219	1309 EXCHANGE ALLEY RICHMOND VA 23219				



Principal Place of Business Mailing Address					* *************************************		4:4:- Edit Bibit (85)
1309 EXCHANGE ALLEY 1309 EXCHANGE ALLE' RICHMOND VA 23219 RICHMOND VA 23219							
mormony.	THE EVELV	monmone in 2021	-		Date Incorporated or Qualified	3a. Date of Last	Report
					11/23/1987	05/01/	- ,
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	, <u>, , , , , , , , , , , , , , , , , , </u>	Applied For
21		26	l				Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addi		
City & State		City & State	City & State		6. Election Campaign Financing		00 May Be
23		28	<u> </u>		Trust Fund Contribution	Auc	led to Fees
Ζφ 24	Country 25	Z-p	Zip Country		8. This corporation has liability for intangible tax under single 199.032, Florida Statutes ☐ Yes ☐ No		
4	9. Name and Address of Current		30		10. Name and Address of New R		
			81	Name	, , , , , , , , , , , , , , , , , , , ,		
LINITE	O STATES CORPORATION COM	PANY	62	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	1201 HAYES ST			Jacob Add		,	
SUITE			83 84 City				
	HASSEE FL 32301				₽. 85 Zip Code		
					ration submits this statement for the pur	FL	
SIGNATURE 5	Signature, typied or printed managed registers Eagust a OFFICERS ANE		fi£ Fegiclerei Agen 13.	tagist ov regine	el acertalestrop ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECT	TORS IN 12
TIFLE	D	DELETE	1 1 TITLE	· 1	7,557,613,614,141,516,16	Chang	
NAME	-QURAESHI, SHAHID-	•	1.2 NAME				
\$TREET ADDRESS	ONE THEALL ROAD		1.3 STREET	ADDRESS			
CITY-ST-ZIF	RYE NY-		1.4 CHY-S	T-ZIP	Control of the Contro		
TITLE	D	DELETE	2 1 TIT_E			☐ Chang	e 🔲 Addition
NAME	RICHARDS, ARTHUR V.		2.2 NAME				
STREET ADDRESS	ONE THEALL ROAD		2 3 STREET				
City-St-Zifi T:TLE	HARRISON NY DP	DELETE	2.4 CITY - S 3.1 TIFLE	1 · ZIP		Chang	e
NAME	KEMENY, ROBERT		3.2 NAME			واستان بي	
STREET ADDRESS	1309 EXCHANGE ALLEY		3.3 STREET	ADDRESS			
City-St-Zif*	RICHMOND VA		34 CITY S	I - ZIP			
T-TLE	V	☐ DELETE	4 1 THLE	T		Chang	e 🔲 Addition
NAME	THOMAS, JEFFREY L.		4.2 NAME				
\$TREET ADDRESS	1309 EXCHANGE ALLEY		4.3 S1REET				
CITY-ST-ZiP	RICHMOND VA	DELETE	4.4 SITY S	F · Z(F		[] Chana	e Addition
THILE		F) nett if	5 1 Tillé			☐ Chang	e Maorion
NAME expect appaces			5.2 NAME 5.3 STREET	Annacco			
STREET ADDRESS			5.4 CITY S				
CHY-ST-ZIP TITLE		DELETE	6 1 THE	1 - TIL.		Chang	e Addition
NAME		<u> </u>	6.2 NAME			<u></u>	<u></u>
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-7-2			64 C TV - S	ĵ			

14. I do hereby certify that the information supplied with this fing 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 direct of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes, and that my name appears in Block 13 if chapter, or on an attachment with an address

SIGNATURE: JIM Jeffrey Thomas 4/29/96 8046481248