SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90015 019 ***550.00

DOCUMENT # K90665							
ANA SPIRITS AND GROCERY, INC.						/	
						I HORRENIA DI REPUBLICA RENIA DI MARA DI MARA DI MARA	II 61817 61631 61817 61641 61617 1661
L					<u> </u>		
Ρ	rincipal Place	e of Business	Mailing Address				
_	347 W HWY 1		C/O AHMAD GARIB		i		
	(ISSIMMEE FL IS	. 34/40	5347 W. HWY. 192 KISSIMMEE FL 34746			DO NOT WRITE IN THI	S SPACE
ľ			US			3. Date Incorporated or Qualified	
		<u>-</u>				05/22/1989	
_	•	Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26 Suite Act # cts				59-2950231	Not Applicable \$8.75 Additional
-		Suite, Apt. #, etc.			- -	5. Certificate of Status Desired	- Fee Required
22	City & State	City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23			28			Trust Fund Contribution	Added to Fees
	Zip			Country		8. This corporation owes the current year	
24]	25	29	30		1	Yes No
		9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	d Agent
	ΛHA	AAD GADIR		"	Name		
AHMAD, GARIB 9447 KILGORE ROAD					Street Addre	ess (P.O. Box Number is Not Acceptable)	_
ORLANDO FL 32819				83	,,,,,,,,		
				84	City	F	L 85 Zip Code
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above					med corpora	ation 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 corpor agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.						in's board of directors. I hereby accept the app	ointment as registered
	IGNATURE .	an accept the engl	, and an				
L		Signature, typed or printed name of registered agent		OTE: Registered Ager	nt signature requi		· · · · · · · · · · · · · · · · · · ·
12		OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO DEFICERS A	
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{			DELETE	1.1 TITLE		ADDITIONAL INTEGER TO OFFICE ROOF	AND DIRECTORS IN 12 Change Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 appears with the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on the information indicated on this annual report or supplied with the information indicated on the informat

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Daytime Phone #