

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 APR 28 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000013069 (9)**

1. Corporation Name

ALI ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 1751
APOPKA FL 32704**

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APOPKA FL 32704**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1992

4. FEI Number

59-3161825

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMAL, AKBER M
3015 WINDCHIME CIRCLE WEST
APOPKA FL 32703**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3 **000002508640-6**

B4 City **-05/04/98--01007--022**

******150.00 ****150.00**

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 (none if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD
JAMAL, AKBER M
3015 WINDCHIME CIRCLE WEST
APOPKA FL 32703**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**PD
JAMAL, AKBER M
3015 WINDCHIME CIRCLE WEST
APOPKA FL 32703**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**PD
JAMAL, AKBER M
3015 WINDCHIME CIRCLE WEST
APOPKA FL 32703**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

**PD
JAMAL, AKBER M
3015 WINDCHIME CIRCLE WEST
APOPKA FL 32703**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

**PD
JAMAL, AKBER M
3015 WINDCHIME CIRCLE WEST
APOPKA FL 32703**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**PD
JAMAL, AKBER M
3015 WINDCHIME CIRCLE WEST
APOPKA FL 32703**

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.5 CITY-ST-ZIP ☐ Change ☐ Addition

2.6 CITY-ST-ZIP ☐ Change ☐ Addition

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 attachment with an address

SIGNATURE

4-28-98

CR2E034 (10/97)