

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037854 (5)

1. Corporation Name

ALNUR, INC.

Principal Place of Business

**5646 MASTERS BLVD
SUITE 108
ORLANDO FL 32819
US**

Mailing Address

**5646 MASTER BLVD
SUITE 108
ORLANDO FL 32819
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3186845

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 5646 MASTERS BLD.

Suite, Apt. #, etc.

22

City & State

23 ORLANDO, FL

24 32819

25 U.S.A.

2a. Mailing Address

26 5646 MASTERS BLD.

Suite, Apt. #, etc.

27

City & State

28 ORLANDO, FL

29 32819

30 U.S.A.

9. Name and Address of Current Registered Agent

**A.G.C. CO.
2300 SUNBANK CENTER
ORLANDO FL 32802**

10. Name and Address of New Registered Agent

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 of person or persons authorized to execute this statement

NOTE: If a person or persons authorized to execute this statement is not a resident of Florida, the signature must be witnessed by a notary public.

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
MADHANY, Z
STREET ADDRESS
5646 MASTERS BLVD
CITY ST ZIP
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(4)(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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZEENAT MADHANY - PRESIDENT

04.15.95

(407) 382-8188