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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Feb 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037854 (5)

ALNUR, INC.

Principal Place of Business Mailing Address 5646 MASTERS BLVD ORLANDO FL 32819 US Mailing Address 5648 MASTER BLVD ORLANDO FL 32819-4020 US				A HOURINGER FOR FORMER CHAIN CONTRACT AND A SOLUTION DICTAL CORPORATION OF THE CONTRACT AND A SOLUTION DICTAL CONTRACT AND A			
					,		
				 Date Incorporated or Qualified 05/24/1993 			
	ace of Business	2a. Mailing Address		4. FEI Number	Applie	d For	
21 C : 12 A 22	Н	26		59-3 186845		policable	
Suite, Apt. 2 City & State		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	Certificate of Status Desired	S8.75 Addit	red	
3		City & State	.,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fe		
_ Zip ™	Country	Zip	Country	8. This corporation has liability for i		9.032,	
4	25 9. Name and Address of Curre	29	30	Florida Statutes 10. Name and Address of New Re	Yes No		
	VELUCI CO	ur uchistoren whelir	81 Name	· · · · · · · · · · · · · · · · · · ·	Biscolett Wilett		
	C. CO.			Zeenat Mudhanu	:		
	SUNBANK CENTER		82 Street	Address (P.O. Box Number is Not Acceptab	le)	***************************************	
UKU	ANDO FL 32802		83	16 Musters Blud			
			63				
			84 City	1 4	85 Zip Code		
dd D		00 1007 4500 5 11 0.	Or	lande	FL 3287	9	
office or o	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	02 and 607.1508, Florida Statu e of Florida. Such change was	tes, the above-named authorized by the cor	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of changing its required the appointment as required.	gistered istered	
agent. La	m familiar with, and accept the oblid	gations of Section 607.0505, F	lorida Statutes.		a me appendiction as regi	410,00	
SIGNATURE	CEDRUI Mull	rand		2/iul	17		
	Signifully, typed or furnish name of pagistered as		TE: Registered Agent signature		DATE		
12.	*** *** ** ** ** ** ** ** ** ** ** ** *	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC			
ITLE	D	☐ DELETE	1.1 TITLE	1	Change	Addition	
IAME	MADHANY, Z		1.2 NAME				
STREET ADDRESS	5646 MASTERS BLVD		1.3 STREET ADDRESS				
HY-ST-7F	ORLANDO FL		1.4 CITY - ST - ZIP				
-TLF		L] DELETE	2.1 TITLE		☐ Change	Additio	
AME			2.2 NAME				
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ITY-ST-ZIP			2. 4 CITY - ST - ZIP				
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ame			3.2 NAME	· ·			
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FREET ADORESS			4.3 STREET ADDRESS	· ·			
OTY-ST-ZIP			4.4 CITY-ST-ZIP				
ITLE		DELETE	5.1 TITLE		Change	Addition	
IAME			5.2 NAME		7 ****		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	}			
TITLE		DELETE	6.1 TITLE		Change	Addition	
IAME		hand Wellers	6.2 NAME	}	En siends E	# 1-10/JIII()	
STREET ADDRESS			6.3 STREET ADDRESS				
DITY-ST-ZIP	a partiful that the information and the	od with this filips als (6.4 CITY-ST-ZIP	Interest in Continue 440 07/00/2 Ft. 11 00	a life code and a second and a second		
informatio Lam an of	n indicated on this annual report or	supplemental annual report is or the receiver or trustee empor	true and accurate and vered to execute this	stated in Section 119.07(3)(i), Florida Statute I that my signature shall have the same lega report as required by Chapter 607, Florida S	l affect as if made under a	oath; th e	