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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

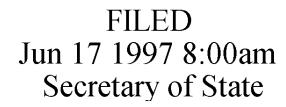
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000082658 (4)

A-1 STOP OFFICE, INC.

Principal Place of Business

Mailing Address





1909 B ALOMA AVE WENTER PARK FL 32765			1809 B ALOMA AVE WENTER PARK FL 32765								
							3. Date Incorporated or Qualified 11/24/1993	3a. Date 05/01		Report	
2. Principal P	lace of Businoss		2a. Mailing Address				4. FEI Number	1 44/4	- T - T -	pplied For	
21 2020 W. FAIRBANES AUEZE SODO W. FAIRBI					ANK	LS AUE	59-3279339			lot Applicable	
Suite, Apt, #, etc.			Suite, Apt. #, etc.			THE RESERVE OF MARKET	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	TER PAK	City & State 28 WINTER	28 WINTER PARK, FC			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24 2 3	789 25	Country	789 د 3	Country 30			1	Yes No			
9, Name and Address of Current Registered Agent							10. Name and Address of New Reg	istered Ag	ent		
KHALSA, NAVTEJ S					81	B1 Name					
1016 VANNESSA DRIVE OVIEDO FL 32765					82	Street Addre	ess (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, typed or prin	led name of registered ager	nt and title if applicable (NC)1£: Registero	d Agent	signaturo required	d when reinstating)	DATE			
12.		OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTO	RS IN 12	
TITLE	PT	_	☐ DELETE	1.1 1	TLE			L	Change	☐ Addition	
NAME	NAVTEJ S. KI			1.2 N/	AME						
STREET ADORESS	1909 B ALON			1.3 \$1	reel ac)DRESS					
CITY-ST-ZIP	WENTER PAR	K FL 32792			TY-\$1-	ZIP		· · · · · · -			
TITLE !			☐ DELETE	2.1 1				L.	Change	☐ Addition	
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NAME				6.2 NA				_			
STREET ADDRESS					REET AL	IDRESS					
CITY-ST-ZIP					TY-ST-						
	by certify that the	information supplier	I with this filing does not qua				iri Section 119.07(3)(i), Florida Statutes	. I further or	ertify that	l the	

information indicated on this annual report, of supplemental agricular report is true and accurate and that my signature shall have the same legal effect as if made under eath; that if an an officer or director of the corporate for the received 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 changer, or ph and that my name appears in Block 12 or Block 13 if changer.

CICNIATURE.

407-599-0993