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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000082658

A-1 STOP OFFICE, INC.

Principal Pl	lace of Business	Mailing Address					-			
1	RBANKS AVE.	2020 W. FAIRBANI	KS AVE							=: 01101 1811 1881
101	= ·····•	2020 W. FAIRBANI 11	15 AVE.							
WINTER PAR	RK FL 32789	, ,	WINTER PARK FL 32789				DO NOT WRITE IN THIS SPACE			
US		US					3. Date Incorporated or Qualifed	IN THIS	SPACE	
							11/24/1993			
	Place of Business	2a. Mailing Addre	SS				4, FEI Number			
21		26					59-3279339		h	Applied For
Suite, Ap	ot. #, etc.	Suite, Apt. #, e	etc.				39 3219339			Not Applicable
22		27					5. Certifcate of Status Desired			Additional
City & St	ate	City & State	• • • • • • • • • • • • • • • • • • • •				a Flanki a			Required
23		28					6. Election Campaign Financing			0 Мау Ве
Zìp	Count			ountry	,		Must Fulld Contribution			d to Fees
24	25		30		, 		8. This corporation owes the current			_
	9. Name and Addre	ess of Current Registered Agent		7			Personal Property Tax.		Yes-	⊡No
121.1				81	Name		10. Name and Address of New Re	istered A	gent	
KH.	ALSA, NAVTEJ S			\perp	l					
_	16 VANNESSA DRIVE			82	Street	t Addres	s (P.O. Box Number is Not Acceptable)		
OVI	IEDO FL 32765			83					·	
				63	l					
				84	City				85 Zip	Code
11. Pursuan	t to the provisions of Sec	tions 607 0502 and 507 4500 51			<u> </u>			FL	1	
office or	registered agent, or both	, in the State of Florida. Such change	Statutes, the was authorize	above	e-named	corpora	ation submits this statement for the pus s board of directors. I hereby accept the	pose of c	hanging if	s registered
agent. 1 a	am familiar with, and acce	ept the obligations of, Section 607.056	ວ5, Florida Sta	tutes		oradon s	s obtained of directors. I hereby accept the	e appoint	ment as r	egistered
SIGNATURE	Florence									
12.		of registered agent and title if applicable.	(NOTE: Registere	d Agen	t signature	reguired wh	nen reinstating)	DATE		
TITLE	PT	FFICERS AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12
NAME	NAVTEJ S. KHALSA	☐ DELE	:fE 1.1 T	TLE		1			☐ Change	Addition
STREET ADDRESS			1.2 N	AME		}				_
			1.3 5	TREET	ADDRESS					
CITY-ST-ZIP	WENTER PARK FL			ITY-ST	ZIP					
TITLE	1	C DELE	TE 2.1 T	TTLE					Change	Addition
NAME			2.2 N	AME				,	0.10.190	Addition
STREET ADDRESS			2.3 \$	TREET	ADDRESS .	l				
CITY-ST-ZIP						[
TITLE		☐ DELE		TY-ST	. 71P					
NAME			3.1 1	TIF	-ZIP					
STREET ADDRESS			J	TLE	-ZIP				Change	☐ Addition
CITY-ST-ZIP			3.2 N	TLE AME					☐ Change	☐ Addition
ITLE			3.2 N	TLE AME TREET A	NODRESS			(☐ Change	☐ Addition
.,		[] nci s:	3.2 No 3.3 Si 3.4. C	TLE AME TREET A TTY-ST-	NODRESS					☐ Addition
IAME		☐ DELE	3.2 N. 3.3 ST 3.4. C TE 4.1 TT	TLE AME TREET A TTY-ST- TLE	NODRESS				Change Change	☐ Addition
IAME		☐ DELE	3.2 N 3.3 Si 3.4. C TE 4.1 TI	TLE AME TREET A TTY-ST- TLE	NODRESS					
IAME TREET ADDRESS		☐ DELE	3.2 N 3.3 Si 3.4 C 7E 4.1 TI 4.2 AI 4.3 Si	TLE AME TREET A TTY-ST- TLE AME TREET A	JOORESS ZIP ADDRESS					
IAME STREET ADDRESS CITY-ST-ZIP		☐ DELE	3.2 N. 3.3 Si 3.4 C 4.1 TI 4.2 Ai 4.3 Si 4.4 Cl	TLE AME TREET A TLE AME TREET A	JOORESS ZIP ADDRESS			[
IAME TREET ADDRESS CITY-ST-ZIP			3.2 N. 3.3 Si 3.4 C 4.1 TI 4.2 Ai 4.3 Si 4.4 Cl	TLE AME TREET A TLE AME TREET A TLY-ST- TLE	JOORESS ZIP ADDRESS			[] Change	☐ Addition
IAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.2 N. 3.3 Si 3.4 C TE 4.1 TI 4.2 AA 4.3 Si 4.4 CI TE 5.1 TI 5.2 No	TILE AME TY-ST- TILE AME TY-ST- TILE THEET A	NOORESS ZIP NOORESS ZIP			[] Change	☐ Addition
IAME STREET ADDRESS SITY-ST-ZIP STREET ADDRESS STREET ADDRESS			3.2 N. 3.3 Si 3.4 C TE 4.1 TT 4.2 A4 4.3 Si 4.4 Ci TE 5.1 TT 5.2 N.	THE AME TY-ST- THE TY-ST- THE AME TY-ST- THE AME	ADDRESS ADDRESS			[] Change	Addition
IAME STREET ADDRESS SITY-ST-ZIP STREET ADDRESS STREET ADDRESS SITY-ST-ZIP		☐ DELE	3.2 N. 3.3 Si 3.4 C TE 4.1 TT 4.2 A.3 Si 4.4 Ci TE 5.1 TT 5.2 N/ 5.3 Si 5.4 Ci	THE AME TY-ST- THE THE THE THE THE THE THE TH	ADDRESS ADDRESS			(Change	Addition
IAME STREET ADDRESS SITY-ST-ZIP STREET ADDRESS STREET ADDRESS			3.2 N. 3.3 Si 3.4 C TE 4.1 TT 4.2 A.3 Si 4.4 Ci TE 5.1 TT 5.2 N/ 5.3 Si 5.4 Ci	THE AME TREET A THE THE THE THE THE THE THE TH	ADDRESS ADDRESS			(] Change	Addition

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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 suppliemental armular eport 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 of the receiver excrusive 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, by on an attachment with an address, with all other like empowered.