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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

010901

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90029 016 ***150.00

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1. Corporation Name
ALY'S OF CENTRAL FLORIDA, INC.

Principal Place of Business
390 N ORANGE AVE
SUITE 120
ORLANDO FL 32801
US

2. Principal Place of Business 21	2a. Mailing Address 26	390. N. ORANGE AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	SUITE 120
City & State 23	City & State 28	ORLANDO FL
Zip 24	Zip 29	32801
Country 25	Country 30	U.S.A.

9. Name and Address of Current Registered Agent

HUSSAIN, BARKATALI
1800 ABBOTS HILL DR.
ORLANDO FL 32835

81	Name	YASMIN P. HUSSAIN	
82	Street Address (P.O. Box Number is Not Acceptable)	1800 ABBOTS HILL DRIVE	
83			
84	City	FL	Zip Code 32835

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: Y. Hussain

1/1/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D Hussain, Barkatali A 1800 Abbotts Hill Dr. Orlando FL 32835	<input checked="" type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP YASMIN P. HUSSAIN 1800 ABBOTS HILL DR ORLANDO FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Y. Hussain SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/01/99 407-839-3804
Daytime Phone #

CPDEN24111481