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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1	9	9	6

DOCUMENT # P9500002557 (3)

BY-ALI	LU, INC.	·	•					
		59-32861	ستطال					
Principal Place	of Business	Mailing Address					.(1)	I Maaranii ahii taa kaa
1714 COUNT	Y ROAD 1	1714 COUNTY ROAD	1					
UNIT 15 DUNEDIN FL	24603	UNIT 15	•					
DOM: DIT : L	34003	DUNEDIN FL 34683				3. Date Incorporated or Qualified	1 3a. Date o	of Last Report
A District						01/10/1995	'	or teach open
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
Suite, Apt. #	a etc	Suite, Apt. #, etc.	•••			59 3286115]	Not Applicable
22	.,	27				5. Certificate of Status Desired		\$8.75 Additional
City & State	<u> </u>	City & State				6. Election Campaign Financing		Fee Required
23		28				Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip	Cour	itry		8. This corporation has liability for	r intangible tax	
24	25 9. Name and Address of Curren	29 I Begistered Agent	30			Florida Statutes 🔀 Ye	es ∐No	
	O, Italia and Padiode of Carton	r uadiateian whent		81 N	ame	10. Name and Address of New	Registered A	gent
COPPOL	A. LUIGI		L					
	WDER RIDGE DRIVE		'	82 St	reet Addre	ss (P.O. Box Number is Not Accepta	ible)	
PALM HA	ARBOR FL 34683		1	83				
•			-	84 Ci				,
## Ph					•			85 Zip Gode
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid h, and accept the obligations of, Section	and 607.1508, Florida Statut ia. Such change was authoriz on 607.0505, Florida Statuter	es, the above ted by the co s.	e nanje orporati	ed corporation's board	tion submits this statement for the prior of directors. I hereby accept the ap	urpose of chang pointment as re	ging its registered affice gistered agent, I am
SIGNATURE	Signature, typeo or printed name of registered agent a							
12.	OFFICERS AND		DTE. Registered A	gent sign	ature required v		DATE	
TITLE	DP	DELETE	1 1 TITL	ı.E		ADDITIONS/CHANGES TO OF		RECTORS IN 12 Change [] Addition
NAME	COPPOLA, LUIGI		1.2 NAM		1		لبيا	ongride [11] vaninari
STREET ADDRESS	1644 POWDER RIDGE DR.		1.3 STR	EET ADDR	ESS			
CITY-ST-ZiP	PALM HARBOR FL 34683 DVST		1.4 CITY	(- ST - ZiP				
TITLE NAME	COPPOLA, MARY ANN	☐ DELFTE	2. 1 TITL					Change Addition
STRÉET ADDRESS	1644 POWDER RIDGE DR.		2 2 NAM					
CITY - S*- ZIP	PALM HARBOR FL 34683			EET ADDR	ESS			4
THTLE		DELETE	3 1 Till	'-\$1-ZIP .F				Change [] Addition
NAME			3 2 NAM				L.,	Change Addition
STREET ADDRESS			3.3. STRE	EET ADDR	ESS			
CITY-S1-ZIP		PT Dr. CT	3.4 DITY-	~~~~				
TITLE NAME		☐ DELETE	4. 1 TITLE					Change
STREET ADORESS			4.2 NAM6		1	5000010	notial.	F
CHY-ST-ZIP				ET ADDRE	iss	50000181 -05/01/36010 ***200,00	715732	₹.•
TITLE		DELETE	4.4 CITY- 5. 1 TITLE			***200,00		Phone CT Addition
NAME		<u></u>	5.2 NAME				۱ لسا	Change Addition
STREET ADDRESS			5.3 STREE		ss		/	のスクング
CITY-ST-ZIP			5.4 CITY-	-ST-ZIP			Ŀ	1 20
TITLE		DELETE	6 1 THILE	ř				hange , Adition
NAME STORE LANDONGO			6.2 NAME	į	İ			O.
STREET ADDRESS		<u> </u>	€.3 STREE		ss			
14. I do hereby o	certify that the information supplied with	th this filmo is voluntarily furni	6.4 CITY -		~ ralify for t	dea - reaction stated to October 200	~	
oath: that La	the information indicated on this annual am an officer or director of the corporations 12 or Block 13 if changes	an or the recoluer or trustee	to a monda in	rue and I to exe	duality for the fourte this re-	me exemption stated in Section 119 and that my signature shall have the aport as required by Chapter 607, FI	07(3)(k), Florida same legal effe orida Statutes;	Statutes. I further ot as if made under and that my name

SIGNATURE:

LOTGI COPPOLA, PRES.

Daytime Phone #