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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012981 (2)

FILED Feb 19 1998 8:00am Secretary of State

	AY SARI PALACE, INC.	(-)			
Principal Place of Business Mailing Address					14 11E18 14212 12121 12131 14131 1421 1431
11301 S. ORANGE BLOSSOM TRAIL 11301 S. ORANGE BLOSS ORLANDO FL 32821 ORLANDO FL 32821			SOM TRAIL	DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	113 STACE
2 Principal 6	Place of Business	2a. Mailing Address		02/06/1996 4. FEI Number	I Applied For
21	AGO C. Daomeso	26			Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		59-3360930	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Curre			10. Name and Address of New Register	
KELLEY, GARLA 2787 W.\STATE RD, 434 LONGWOOD FL\32779			82 Street Addre	MSUL T AHMED ess (P.O. Box Number is Not Acceptable) S. ORANGE BLOSSOM T	RA\
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 1			s, the above-named corp		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statem office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. If agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					appointment as registered
	N. A. C.	A A		۱۱ د	1.1ac'
SIGNATURE	Signature, typed or privad name of registered as	gont and title if applicable (NOTE:	Registered Agent signature require	DAT	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	AHMED, SHAMSUL I		1.2 NAME		
STREET ADDRESS 11301 S. ORANGE BLOSSOM TRAIL		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32821		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		Change Addition
NAME	SHAHIDEL AHMED		2.2 NAME		
STREET ADDRESS	2232 BAY LERF DR.		2.3 STREET ADDRESS		
CITY-\$T-ZIP	ORLANDO FL		2. 4 CITY - ST - ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		Change Addition
NAME	aleya K. Admed		3.2 NAME		
STREET ADDRESS	12505 BEACONTREE WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP		
TITLE	-	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
SIREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		·
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		ļ
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ı		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZIP	and if that the information supplied	with this time doop not a valid, for	6.4 CITY-ST-ZIP	Section 119 07/3Vi) Florida Statutes further	costify that the information

14. I hereby certify that the information supplied with this filing close 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 ainual 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 fursities 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.

CIGNATURE.

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1/21/98