SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033291

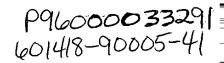
FILED Aug 05, 1999 8:00 am Secretary of State

08-05-1999 90005 041 ***150.00

Daytime Phone #

	l 441, INC.			/			
		Mailing Address					
Principal Place of Business Mailing Address 2 S ORANGE BLOSSOM TRAIL 3 S ORLANDO FL 32805					DO NOT WOLTE IN THIS CRACE		
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	Ì	
2. Principal Place of Business 2a. Mailing Address					04/15/1996 4. FEI Number Applied For		
	2a. Mailing Address	lalling Address		 	ot Applicable		
21	44 -1-	26 Suite Ant # etc	Suite, Apt. #, etc.		59-3386537 No. 1 No. 2 N		
Suite, Apt. #, etc. S 22 27		├ ─	Suite, Apr. #, stc.		5. Certificate of Status Desired Fee Re		
City & State		_ -	City & State			<u></u>	
23		28	¬ ·		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Zip Country		8. This corporation owes the current year		
24	25		30	•	Intangible Personal Property. Yes No		
	9. Name and Address of Curren		12.7		10. Name and Address of New Registered Agent		
		 		81 Name			
"' LATCHMAN, KAMINI			-	82 Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
2 S ORANGE BLOSSOM TRAIL			52 Street Addre		Bulless (F.O. DOX Humbur is Hot Acceptable)	*.	
ORLA	ANDO FL 32805			83			
	<u>~</u>		- 1	84 City	■■ 85 Zip	Code	
				City	FL S Z P	2006	
SIGNATURE		D DIRECTORS	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	PRS IN 12			
TITLE	D	DELETE	1.1 TITL	.E -	President of A Behange	Addition	
NAME '	LATCHMAN, KAMINI		1.2 NAM	KE.	Ramzan Roshanali Benange	1	
STREET ADDRESS	3336 PELL MELL RD		1.3 STREET AL		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT ROSLandi RAMZON ROSLANDI 3. Orange Blosson Te Oriondo, 71 32805		
CITY-ST-ZIP	ORLANDO FL 32818		_	Y-ST-Z/P	· —		
TITLE	Pre	DELETE	2.1 TiTL		Change	Addition	
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CITY-ST-ZIP TITLE			3.1 TITL	Y-ST-ZIP	□ Channe	Addition	
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STREET ADDRESS			4.3 STR	EET ADDRESS		ļ	
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NAME			5.2 NAN	1E]		ĺ	
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CIT	/-ST-ZIP			
TITLE		DELETE	6.1 TIT	E	Change	Addition	
NAME			6.2 NAN	1		-	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		W. Eller VIII 101 101 101 101 101 101 101 101 101		/-ST-ZIP	440 07/2V/3 Fl-2da Chat	· ·	
indicated (eruly that the information supplied with on this annual report or supplemental	i tris filing opes not quality for the annual report is true and accur	ne exempt rate and th	ion stated in s iat my signati	section 119.07(3)(i), Florida Statutes. I further certify that the informate shall have the same legal effect as if made under oath; that I	am	
an officer		céiver or trustee empowered to			required by Chapter 607, Florida Statutes; and that my name ap		

REDURED



Station 441 2 South Orange Blossom Tr. Orlando, Fl. 32805

Dear Sir/Ms

As per your request this note is to let you be aware that I am re-sending my fees for the Annual Corporation Report which your office did not receive.

I had previously sent you a check in April but your records indicated that the mail was never received.

I also had my bank research the check and found that it was not cashed either.

I called your department and was not to resend the check and this notice, and the penalties will be waived.

Thank you for kind assistance.

Ramzan Roshanali