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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000038068 (8)

1. Corporation Name

ANSARI ENTERPRISES, INC.



Principal Place of Business

2730 N PINEHILLS ROAD  
ORLANDO FL 32808

Mailing Address

2730 N PINEHILLS ROAD  
ORLANDO FL 32808-3503

3. Date Incorporated or Qualified

04/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 2702 NORTH PINEHILLS ROAD  
Suite, Apt. #, etc.

2a. Mailing Address

26 2702 NORTH PINEHILLS ROAD  
Suite, Apt. #, etc.

4. FEI Number

59-3377749

Applied For

Not Applicable

22 City & State

23 ORLANDO, FLORIDA

27 City & State

28 ORLANDO FLORIDA

24 Zip Country

32808

29 Zip Country

32808

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

OSMAN, GARY  
6432 LEOMONWOOD CT  
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
AYUBE OSMAN

4.29.97

Date

(407) 293-6544

Daytime Phone #

CR2E034 (9/96)