SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000058363 (8)

DOCUMENT # 1. Corporation Name MANSORI COMPUTERS, INC. FILED

97 AUG - 5 AM 10: 45



SECRETARY OF STATE TALLAHASSHE, FLORIDA



| 0 10 | | | | | | | |
|---|--|---|------------------------|---|--|-----------------------------------|-------------------|
| Principal Place of Business Mailing Address | | | | | | ti abiet etiai (6 188 1111 | D DUILD (III IBB1 |
| 815 ORIENTA AVE SUITE 2 ALTAMONTE SPRINGS FL 32701 | | 815 ORIENTA AVE SUITE 2 ALTAMONTE SPRINGS FL 32701 | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualified | 3a. Date of Las | N Poport |
| | | | | | | Ja. Date of Las | rreport |
| 2. Principal P | lace of Business | 2a Mailino Address | 2a. Mailing Address | | 07/10/1996 4. FEI Number | 4 | Applied For |
| 21 | | 26 | | 59-3389765 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | \$8.7 | 5 Additional | |
| 22 | | 27 | | 5. Certificate of Status Desired | 1 1 | Required | |
| City & State | | City & Stato | | 6. Election Campaign Financing | \$5.0 | 0 May Be | |
| 23 | | 28 | | | Trust Fund Contribution | | ed to Fees |
| Zip | Country | Ζιρ | Country | | 8. This corporation owes or has pai | d the current year | Intangible |
| 24 | 25 | | | | Personal Property Tax due June | _ | □No |
| | 9. Name and Address of Curr | ent Registered Agent | | | 10. Name and Address of New Re | jistered Agent | |
| | INSORI, MAAZ | | 81 | Name | | | |
| 12034 STUDENT DR Orlando Fl 32826 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | 84 | City | | [05] 7 | Code |
| | | | [] | Ť | | FL I | ip Code |
| 11. Pursuant | to the provisions of Sections 607.0 | 502 and 607.1508, Florida Stati | ites, the above | named corp | poration submits this statement for the p | urpose of changin | g its registered |
| agent. I a | m familiar with, and accept the obt | igations of, Section 607.0505, F | lorida Statutes | tne corporat | tion's board of directors. I hereby accep | t the appointment | as registered |
| SIGNATURE | Mag Mans | | | | | | |
| | Signature, typed or priced name of registered in | gent and title if appreable (NC | OTF: fit gistered Ager | il signature requi | red when reinstating) | DATE | |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECT | ORS IN 12 |
| TITLE | D | ☐ DELFTE 1.1 T | | | Change Ad | | e L. Addition |
| NAME | MANSORI, MAAZ | | 1.2 NAME | | | | ļ |
| STREET ADDRESS | 12034 STUDENT DR | 1.3 STREE 1.4 CITY- | | ADDRESS | | | f |
| CITY-ST-ZIP | ORLANDO FL 32828 | | | - 71P | | | |
| TITLE | | L_ DELETE | 2.1 TOLE | | ennanaa | 🔲 Chand | e 🔲 Addition |
| NAME | | | 2.2 NAME | | 600002262936 -08/11/9701060005 ****165.00 ****165.00 | | |
| STREE1 ADDRESS | | | 2.3 STREET / | ADDRESS | | | 1000 |
| CITY-ST-ZIP | | | 2.4 CITY - S | - ZIP | | | 102.00 |
| TITLE | | DELETE | 3.1 TITLE | " | | Chang | e Addition |
| NAME | | | 32 NAME | | | | |
| STREET ADDRESS | | | 3 3 STREET A | ODRESS | | | |
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| THTLE | | ☐ DELFTE | 4.1 TITLE | | | Chang | e 🔲 Addition |
| NAME | | | 4.2 NAME | | | | |
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| CITY-ST-ZIP | | | 4.4 CITY-ST | - ZiP | | | |
| TITLE | | ☐ DELFTE | 5.1 TITLE | | | Chang | e Addition |
| NAME | | | 5.2 NAME | | | | 4 1 |
| STREET ADDRESS | | | 5.3 STREET A | DORESS | | ノタンて |) t ' |
| CITY-ST-ZIP | | | 5.4 CITY - S1 | - ZIP | | D | |
| TITLE | | DELETE | 6.1 TITLE | | | Chang | e Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET A | DORESS | | | ł |
| CITY-ST-ZIP | | | SA CITY, ST | 710 | | | |

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 suppliemental 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 recover 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.

Fax 407/331-0309

ZUBAIR S. MANSORI

Certified Public Accountant

Genesis Professional Center 815 Orienta Avenue, Suite #2 Altamonte Springs, Florida 32701 Phone 407/331-3122

July 25, 1997

Annual Reports Filings
Division of Corporations
P.O. Box 1500
Taliahassee, FL 32302-1500

Dear Annual Report Filings Manager:

I am writing this letter, per our telephone conversation on July 25, 1997, as you requested stating Mansori Computers, Inc. did not receive the corporate annual report until this week with a late notice. You also granted a one time only waive of the corporate annual report fee.

Enclosed is the signed corporate annual report along with check#1289 for \$165.00.

Thank you for your help in this matter. Please contact me at (407) 331-3122 if you have any questions.

Sincerely yours,

Denise Dorris