

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.)

APPROVED
AND
FILED


pg. 1 of 2

97 AUG 22 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000098455 (4)**

1. Corporation Name
ALPARCO, INC.

Principal Place of Business
**400 SOUTH DELANEY ST.
ORLANDO FL 32801**

Mailing Address
**400 SOUTH DELANEY ST.
ORLANDO FL 32801**

2. Principal Place of Business 21 400 SOUTH DELANEY AVE Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FL Zip 24 32801	2a. Mailing Address 26 400 SOUTH DELANEY AVE Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FL Zip 29 32801 Country 30 X
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3. Date Incorporated or Qualified 12/02/1996	3a. Date of Last Report
4. FEI Number 59-3448172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KHALFAN, ALI
400 SOUTH DELANEY ST.
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
400 SOUTH DELANEY AVE.
83
84 City **ORLANDO** FL 85 Zip Code **32801**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	ALI KHALFAN
STREET ADDRESS	400 S. DELANEY AVE
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, changed, or on an attachment with an address.

A. alaw
8/22/97

7 30.97 (1402) 426-9064

CR2E034 (4/97)

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Alparco Inc.

400 South Delaney Avenue, Orlando, Fl., 32801 Phone: 407-426-9064 Fax: 407-426-6887

Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam,

This is to inform your office, that this is the first time I have received statement of 1997 Profit Corporation Annual Report.

Actual physical address is 400 S Delaney Avenue

And not 400 S Delaney Street

Changes have been made on the form provided

Enclose, please find a check in the amount of \$165.00.

If you have questions please feel free to call or write.

Sincerely,


Ali Khalfan

DATED 8-1-97