

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90086 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000020250		
1. Corporation Name BANA, INC.		



Principal Place of Business 105 E ALTAMONTE SPRINGS DR ATLAMONTE SPRINGS FL 32701	Mailing Address 105 E ALTAMONTE SPRINGS DR ATLAMONTE SPRINGS FL 32701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/03/1998	4. FEI Number 59-3538001	Applied For Not Applicable
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		
6. Election Campaign Financing ☐		6. Election Campaign Financing ☐		\$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				

9. Name and Address of Current Registered Agent FATEL, PRABODH 815 ORIENTA AVE STE 8 ATLAMONTE SPRINGS FL 32701		10. Name and Address of New Registered Agent 81 Name Dilshad L Maher Ali 82 Street Address (P.O. Box Number is Not Acceptable) 895 S. Wymore Rd 83 Apt # 1935A 84 City Altamonte Springs FL 85 Zip Code 32714	
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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 Dilshad L. Maher Ali (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALI, MUKHTAR H 105 E ALTAMONTE SPRINGS DR ATLAMONTE SPRINGS FL 32701	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Dilshad L Maher Ali 895 S. Wymore Rd #1935A Altamonte Springs FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALI, JAMIL M 105 E ALTAMONTE SPRINGS DR ATLAMONTE SPRINGS FL 32701	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

4-20-99 (407) 3310322

CR2E034 (1/98)