## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: y

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCU 1. Corporatio	on Name			(6)						
ALIA	MUNIE	TRANSMISSIONS	S, INC.							AMAN ANAM ANAMANA
Principal Place	s	Ma	iling Address		<del></del> -	I UBBINDIB KUL BEKBU IDIIK IKTIK	DENN BARI BARIN DI		eren eren eren 1881	
1216 W. WASHINGTON ST. ORLANDO FL 32805				1216 W. Washington St. Orlando fl 32805						
2 Principal D	laco of Pusic						3. Date incorporated or Qualifie 10/25/1990		of Last <b>)6/09/</b>	
2. Principal Place of Business			F	2a. Mailing Address			4. FEI Number 59-3033909			Applied For
Suite, Apt.	#, etc.			Suite, Apt. #, etc.			Not Applie			Not Applicable
22			27	hand the second			5. Certificate of Status Desired	[]	-	75 Additional e Required
City & State	City & State			City & State			6. Election Campaign Financing			00 May Be
Zip		Country	28	Zip	1	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		Add	led to Fees
24		25	29	zip	Countr 30	У	8. This corporation has liability to		under	s 199.032,
	9. Name	and Address of Curi		ered Agent	130		Florida Statutes You 10. Name and Address of New	es []No		
1/4					81	Name		negistered A	geni	
	LAWRENC				82	Street Add	ICABEL CRISAN dress (P.O. Box Number is Not Accept.	18		
341 N.	maiilane ND FL 32	AVE., STE. 120				121	W WAShingto	N ST	-	
MAIILA	MD FL 32	/51			83		0			
					84	City			Teel 7	Zip Code
11. Pursuant to	o the provisi	ons of Sections 607.05	02 and 607	1508 Florida Statuta	o the object	UKI	ration submits this statement for the part of directors. I hereby account the	FL	[.3	2805
or registere familiar with	ed agent, or bil <b>end</b> accer	both, in the State of Flo	xida. Such	hange was authorize	s, the above- id by the corp	named corpu oration's bos	ration submits this statement for the p ard of directors. I hereby accept the ap	urpose of chan	ging its	registered office
SIGNATURE _	W	r the congations of, se		005, Florida Statutes.			7 - 1 - 1 - 1 - 1	por in Florit 43 (1	Alatere	u agent. rain
	Signature, typid	or printed name of registered ag		licable (NOT	t Registered Ager	t signature require	od when reinstating)	DATE		
12.	PD	OFFICERS A	ND DIRECT	ORS	13.		ADDITIONS/CHANGES TO OF		VIBECTO	ORS IN 12
TITLE NAME		NTE, MICHAEL C JF	1	□ DELETE	1. 1 TITLE				Change	Addition
STREET ADDRESS		V. WASHINGTON S			1.2 NAME					_
CITY-SI-ZIP		IDO FL 32805	•		1.3 STREET					
THLE				DELETE	2 1 TITLE	T- ZIP				
NAME					2 2 NAME				Change	☐ Addition
STREET ADDRESS					2 3 STREET	ADDDECC				
C-TY-ST-ZIP					2 4 CITY - S					
TIFLE				DELETE	3 1 TITLE				Change	[ ] Addition
NAME					3.2 NAME				chango	Addition
STREET ADDRESS					33 STREET	ADDRESS				
CITY-ST-ZIP TITLE				Floriere	3.4 CITY - \$1	- ZIP				
NAME				DELÉTE	4. 1 TITLE	-			Change	Addition
STREET ADDRESS					4.2 NAME					
CITY-ST-ZIP					4.3 STREET					
litte				DELETE	4.4 CHY-ST 5. 1 TITLE	- 2112			Chan-:	
IAME					5.2 NAME			<u>ا ا</u>	Change	☐ Addition
STREET ADDRESS					53 STREET A	DDRESS				
DITY-S1-ZIP					5.4 CITY-ST					
TILE IALAS				DELETE	6. 1 71TLE				Change	Addition
IAME					6.2 NAME	ĺ			•	
TREET ADDRESS					63 STREET A	DORESS				
4 I do hereby o	certify that th	ne information supplied	with this film	n le voluntarité é unitab	6.4 CITY-ST-					
certify that the cath; that I a appears in B	ne informatio im an officer llock 12 or E	on indicated on this annual or director of the corporation in the corp	ual report or bration or the on an attach	supplemental annual receiver or trustee e ment with an address	report is true mpowered to s.	and accurate execute this	r the exemption stated in Section 119, e and that my signature shall have the report as required by Chapter 607, Flo	07(3)(k), Florida same legal effe orida Statutes;	Statute ot as if and that	es. I further made under if my name

470-5800 Daytime Phona #