FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 21 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S52921 (1)

1. Corporation Name
INTER ALLIED, INC.

Principal Place of Business	Mailing Address
6931 N ORANGE BLOSSOM TR ORLANDO FL 32810 US	2880 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE FL 34744-1132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/15/1991	03/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number 59-3067363 ☐ Applied For ☐ Not Applicable

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	10. Name and Address of New Registered Agent
LALLY, JASVINDER 2880 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE FL	81 Name: Carl Alec Strickland 82 Street Address (P.O. Box Number is Not Acceptable): 2878 N Orange Blossom Tr. 83 84 City: Kissimmee FL 85 Zip Code: 34744

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 X Carl Alec Strickland 3-14-95
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	S/T	☐ Change ☒ Addition
NAME	LALLY, JASVINDER S	1.2 NAME	Strickland, Carl Alec	
STREET ADDRESS	2880 N ORANGE BLOSSOM TR	1.3 STREET ADDRESS	2878 N. Orange Blossom Tr.	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jasvinder S. Lally-Pres. 3/14/95 (407)839-1000
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0375215 CP