

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S52921 (1)

1. Corporation Name

INTER ALLIED, INC.



Principal Place of Business

6831 N ORANGE BLOSSOM TR  
ORLANDO FL 32810  
US

Mailing Address

2880 NORTH ORANGE BLOSSOM TRAIL  
KISSIMMEE FL 34744-1132

3. Date Incorporated or Qualified

05/15/1991

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 2878 N. Orange Blossom Tr.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

23 Kissimmee, FL 34744

28 City & State

24 34744

Country

25 Osceola

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRICKLAND, CARL ALEC  
2878 N ORANGE BLOSSOM TR  
KISSIMMEE FL 34744

81 Name

EDEN JENNIFER MATHEW SMITH, RILEY +  
82 Street Address (P.O. Box Number is Not Acceptable)

801 CITRUS CENTER  
255 S. ORANGE AVE

83

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Jennifer Eden*

(NOTE: Registered Agent signature required when reinstating)

02/09/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME LALLY, JASVINDER S  
STREET ADDRESS 2880 N ORANGE BLOSSOM TR  
CITY-STATE-ZIP KISSIMMEE FL

TITLE ☒ DELETE

NAME STRICKLAND, CARL ALEC  
STREET ADDRESS 2878 N ORANGE BLOSSOM TR  
CITY-STATE-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/96 (407) 839-1000

Date

Daytime Phone #

CR2E034 (12/95)