

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S72380 (6)**

1. Corporation Name  
**ALAR ASSOCIATES, INC.**



Principal Place of Business <b>6388 SILVER STAR RD.                  ORLANDO FL 32818</b>	Mailing Address <b>6388 SILVER STAR RD.                  ORLANDO FL 32818-3235</b>
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3. Date Incorporated or Qualified <b>08/08/1991</b>	3a. Date of Last Report <b>10/02/1996</b>
4. FEI Number <b>59-3081345</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>9430 Turkey Lake Road</b>	2a. Mailing Address <b>9430 Turkey Lake Road</b>
22. Suite, Apt. #, etc. <b>Suite 206</b>	27. Suite, Apt. #, etc. <b>Suite 206</b>
23. City & State <b>Orlando, FL</b>	28. City & State <b>Orlando, FL</b>
24. Zip <b>32819</b>	25. Country <b>USA</b>
29. Zip <b>32819</b>	30. Country <b>USA</b>

9. Name and Address of Current Registered Agent

**AIARANKHIA, NASIRDIN**  
**6388 SILVER STAR RD.**  
**ORLANDO FL 32818**

10. Name and Address of New Registered Agent

81. Name  
**Alarankhia, Nasirdin**

82. Street Address (P.O. Box Number is Not Acceptable)  
**9430 Turkey Lake Road**

83. Suite, Apt. #, etc.  
**Suite 206**

84. City  
**Orlando, FL**

85. Zip Code  
**32819**

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	DP	<input type="checkbox"/> DELETE
NAME	<b>ALARAKHIA, NASIRDIN</b>	
STREET ADDRESS	<b>6388 SILVER STAR RD #2B</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>ALARAKHIA, NASIRDIN</b>	
STREET ADDRESS	<b>6388 SILVER STAR RD #2B</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Alarankhia, Nasirdin</b>	
1.3 STREET ADDRESS	<b>9430 Turkey Lake Road, Suite 206</b>	
1.4 CITY-ST-ZIP	<b>Orlando, FL 32819</b>	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Alarankhia, Nasirdin</b>	
2.3 STREET ADDRESS	<b>9430 Turkey Lake Road, Suite 206</b>	
2.4 CITY-ST-ZIP	<b>Orlando, FL 32819</b>	
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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/9/97 407 345 0988

CR2E034 (9/96)