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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$72380

(6)

ALAR ASSOCIATES, INC.

Principal Place of Business

Mailing Address

6388 SILVER STAR RD. ORLANDO FL 32818 6388 SILVER STAR RD. ORLANDO FL 32818-323

FILED Mar 13 1997 8:00am Secretary of State



ORLANDO FL 32818		ORLANDO FL 32818-3235				
, i				3. Date Incorporated or Qualified 08/08/1991	3a. Date of Last Report 10/02/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
	30 Turkey Lake Kond	26 9430 Tuckey	Lake Koa	d 59-3081345	Not Applicable	
	vite 206	Suite 20		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	lando, Fl	City & State 28 Orlando,	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,	
24 3a9		29 32819 30	USA		Yes No	
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 Alacakhia, Nasirdia 82 Street Address (P.O. Box Number is Not Acceptable) 9430 Turkey Lake Road Suite 2010 84 City Oclaado, FL FL 85 Zip Code 32819		
11 Purplied to the provisions of Sections CO2 0503 and CO2 1509 Elected Credition the above pound connection when the relations of the purple						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stetutes, 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE						
12,	OFFICERS AND I		ogislered Agent signature	ADDITIONS/CHANGES TO OFFIC		
TITLE	DP	DELETE	11 IIILE	DP	Change Addition	
NAME	ALARAKHIA, NASIRDIN		1.2 NAME	Alarakhia, Nasicdin	- • • -	
STREET ADDRESS	6388 SILVER STAR RD #28		1.3 STREET ADDRESS	9430 Turkey Lake Roc	ad, Suiteaub	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Oclando, FL 32819	9	
TITLE	ST	☐ DELETÉ	2.1 TITLE	ST	Change Addition	
NAME	ALARAKHIA, NASIRDIN		2 2 NAME	Alarakhia, Nasirdin		
STREET ADDRESS	6388 SILVER STAR RD #2B		2.3 STREET ADDRESS	9430 Turkey Lake Road	d, suiteall	
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY - \$1 - ZIP	Orlando, Fr 32819		
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS		i	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. C(1)Y-\$1-Z(P			
TITLE		☐ DELFTE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CHY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change L Addition	
NAME			5.2 NAME		1	
STREET ADDRESS			5.3 STREET ADDRESS		1	
CITY-ST-ZIP	- Charles	No. Exc	5.4 CITY-ST-ZIP			
TITLE	Section 18	DELETE	6.1 TITLE		Change Addition	
NAME	#figure 1	•	6.2 NAME		i	
STREET ADDRESS			6.3 STREET ADDRESS		Į.	
CITY-ST-ZIP	w certify that the information eventied u	51 11 66 6	6.4 CITY-S1-ZIP	tated in Section 119.07(3)(i) Florida Statuto		

I do nerbby certify that the information supplied with this filing does not quality for fine 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:

COUNTY TO STORY SERVER

3/9/97

407 345 09 88