

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED

Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**  
1. Corporation Name **SHAH, INC 570265**

Principal Place of Business: **1200 SAUC S.W LARGO, FL 33770**  
Mailing Address: **360 BAHIA VISTA DR INDIAN ROCKS BEACH, FL. 33785**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **FLO 04/25/1978**

4. FEI Number: **59-1824733** 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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

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

**9. Name and Address of Current Registered Agent**  
**BEHRAD - SHAHRIARI**  
**360 BAHIA VISTA DR**  
**INDIAN ROCKS BEACH, FL. 33785**

**10. Name and Address of New Registered Agent**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

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: <b>PO</b>	NAME: <b>BEHRAD - SHAHRIARI</b>	<input type="checkbox"/> DELETE
STREET ADDRESS: <b>360 BAHIA VISTA DR</b>	CITY-ST-ZIP: <b>INDIAN ROCKS BEACH, FL. 33785</b>	
TITLE: <b>0</b>	NAME: <b>TERESA SHAHRIARI</b>	<input type="checkbox"/> DELETE
STREET ADDRESS: <b>360 BAHIA VISTA DR</b>	CITY-ST-ZIP: <b>INDIAN ROCKS BEACH, FL. 33785</b>	
TITLE:	NAME:	<input type="checkbox"/> DELETE
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> DELETE
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> DELETE
STREET ADDRESS:	CITY-ST-ZIP:	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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\*\*\*150.00

**4-23**

14. I 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: Behrad Shahriari **BEHRAD-SHAHRIARI** **APR. 7, 1998** **813.581.2055**

CR2E034 (10/97)

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3/24/98 CORPORATE DETAIL RECORD SCREEN 10:25 AM  
 NUM: 570265 ST:FL ACTIVE/FL PROFIT FLD: 04/25/1978  
 FEI#: 59-1824733  
 NAME : SHAH, INC.  
 PRINCIPAL: 460 MANDALAY AVE  
 ADDRESS CLEARWATER, FL 34630-2046  
 RA NAME : SHAHRIARI, BEHZAD  
 RA ADDR : 460 MANDALAY AVE 360 BAHIA VISTA DR  
 CLEARWATER, FL INDIAN ROCKS BEACH, FL 33785  
 ANN REP : (1995) B 04/24/95 (1996) B 04/29/96 (1997) B 05/02/97

3/24/98 OFFICER/DIRECTOR DETAIL SCREEN 10:27 AM  
 CORP NUMBER: 570265 CORP NAME: SHAH, INC.  
 TITLE: PD NAME: SHAHRIARI, BEHZAD  
 460 MANDALAY AVE  
 CLEARWATER, FL 360 BAHIA VISTA DR  
 TITLE: D NAME: SHAHRIARI, TERESA INDIAN ROCKS BEACH, FL 33785  
 460 MANDALAY AVE  
 CLEARWATER, FL

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----