

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

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
CORPORATION REPORT

05 MAY -1 AM 4: 25

DOCUMENT # P93000006345 (1)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SHAHEEN VENTURES, INC.

Principal Place of Business: **2131 AMERICANA BLVD ORLANDO FL 32839**
Mailing Address: **2131 AMERICANA BLVD. ORLANDO FL 32839**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3162034**
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 is not liable for collection tax under Florida Statutes: Yes No

3b. Date of Last Report: **05/01/1994**
Applied For: Not Applicable
7. Not to be filled in this space

9. Name and Address of Current Registered Agent
**KASU, ABDUL G
2131 AMERICANA BLVD.
ORLANDO FL 32839**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number, Not Applicable)
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 the 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1101 NAME	PD KASU, ABDUL G 2690 CERAM AVENUE ORLANDO FL 32837
1102 STREET ADDRESS	
1103 CITY, ST, ZIP	
1104 NAME	
1105 STREET ADDRESS	
1106 CITY, ST, ZIP	
1107 NAME	
1108 STREET ADDRESS	
1109 CITY, ST, ZIP	
1110 NAME	
1111 STREET ADDRESS	
1112 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1201 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1202 STREET ADDRESS		
1203 CITY, ST, ZIP		
1204 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1205 STREET ADDRESS		
1206 CITY, ST, ZIP		
1207 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1208 STREET ADDRESS		
1209 CITY, ST, ZIP		
1210 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1211 STREET ADDRESS		
1212 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 339.02(1)(g), Florida Statutes. I further certify that the information is to be filed as the annual report or supplemental annual report as toes and is correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the member 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 of this report or on an attachment with an address.

SIGNATURE: **ABOULGHANI KASU** 4/20/95 707-854-6583