


**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90002 002 \*\*\*450.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000059872**

1. Corporation Name  
**SHAH ENTERPRISES INC.**



Principal Place of Business 2345 ASCOT AVE ORLANDO FL 32833	Mailing Address 2345 ASCOT AVE ORLANDO FL 32833
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/08/1997</b>	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-3462657</b>	Applied For <input type="checkbox"/> Not Applicable
25. Zip	26. Country	27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOHAMMED, YEVETT S 2345 ASCOT AVE ORLANDO FL 32833				81. Name	Shahheed Mohammed		
				82. Street Address (P.O. Box Number is Not Acceptable)	2345 Ascot Ave		
				83. City	Orlando FL		
				84. Zip Code	32833		

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: *Shahheed Mohammed* DATE: **5/25/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHAMMED, SHAHEED	1.2 NAME	SHAHEED MOHAMMED
STREET ADDRESS	2345 ASCOT AVE	1.3 STREET ADDRESS	2345 ASCOT AVE
CITY-ST-ZIP	ORLANDO FL 32833	1.4 CITY-ST-ZIP	ORLANDO FL 32833
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	MOHAMMED, YEVETT S	2.2 NAME	
STREET ADDRESS	2345 ASCOT AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32833	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Shahheed Mohammed* DATE: **5/18/99** DAYTIME PHONE: **407-588-2746**

CR2E034 (1/98)