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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90099 001 ***150.00

DOCUMENT # F9800005936 1. Corporation Name

EEH SY	STEMS, INC.			1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Principal Plac	e of Business	Mailing Address		I (Balles tile Islan Islan satti satti satti satti	, 88 181 8 1118 18188 1	(118 8)(1 188)
10289 AEROSPACE RD. SEABROOK MD 20706-2280		10289 AEROSPACE RD. SEABROOK MD 20706-2230		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				10/23/1998		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ap:	lied For
21		26		54-1349668		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27		o. Octubrate of Change Doorles	Fee Red	uired
City & Stat	le	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	, ,
Zip	Country 25	Zip	Country 30	This corporation owes the current year I Personal Property Tax.		□No
24	9. Name and Address of Curren	_1771		10. Name and Address of New Registere	d Agent	
	Traine and Florida . Contract		81 Name			
СТ	CORPORATION SYSTEM		82 Street Ad	deeps (D.O. Rey Number is Not Accentable)		
1200 SOUTH PINE ISLAND ROAD			82 Street Po	dress (P.O. Bcx Number is Not Acceptable)		
PLANTATION FL 33324			83			
]					85 Zip ()	
ļ			84 City	F-	L 85 Zip ○	oae
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations are securificated to the obligations of the provisions of the provisi	2 and 607.1508, Florida Statutes of Florida. Such change was aut tions of, Section 607.0505, Florid	s, the above-named co thorized by the corpora da Statutes.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its reg	egistered istered
	Signature, typed or printed name of registered age		Registered Agent signature requ		ND DIDECTOR	20 IN 12
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	DP	☐ DELETE	1.1 TITLE		Change	☐ ∀aqaqqıı
NAME	GUPTA, JAI N		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	SEABROOK MD 20706-2280	□ pc: crc	1.4 CITY-ST-ZIP		Change	Addition
TITLE	V	☐ DELETE	2 1 TITLE		Change	
NAME	TAWARI, PREKIMI V		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	SEABROOK MD 20706-2280	☐ DELETE	2.4 CITY-ST-ZIP		☐ Change	
TITLE	S				onango	☐ Addition
NAME	GUPTA, CHAND N					☐ Addition
			3.2 NAME			☐ Addition
STREET ADDRESS	10289 AEROSPACE RD.		3 3 STREET ADDRESS			☐ Addition
CITY-ST-ZIP	10289 AEROSPACE RD. SEABROOK MD 20706-2280	∏ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		□ Change	☐ Addition
CITY-ST-ZIP	10289 AEROSPACE RD. SEABROOK MD 20706-2280 D	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change	<u> </u>
CITY-ST-ZIP TITLE NAME	10289 AEROSPACE RD. SEABROOK MD 20706-2280 D GUPTA, SHASHI A	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		☐ Change	<u> </u>
CITY-ST-ZIP TITLE NAME STREET ADD RESS	10289 AEROSPACE RD. SEABROOK MD 20706-2280 D GUPTA, SHASHI A 10289 AEROSPACE RD.	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change	<u> </u>
CITY-ST-ZIP TITLE NAME STREET ADD RESS CITY-ST-ZIF	10289 AEROSPACE RD. SEABROOK MD 20706-2280 D GUPTA, SHASHI A		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change	<u> </u>
CITY-ST-ZIP TITLE NAME STREET ADD RESS	10289 AEROSPACE RD. SEABROOK MD 20706-2280 D GUPTA, SHASHI A 10289 AEROSPACE RD.	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS			☐ Addition

14. Thereby certify that the information supplied with this filing does not qualify for the exemption state 1 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.

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

STREET ADI RESS

STREET ADDRESS

CITY-ST-ZIF

TITLE

NAME

SIGNATURE: ______ RIGN ATURE AND TYPED OR PRINTED NAME OF

☐ DELETE

4/2/198

301-5717-8900

Change

Addition