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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**

DOCUI 1. Corporation	MENT # H45528				
ROSHAN	I ENTERPRISES, INC.				
Principal Place	e of Business	Mailing Address			OTERN BIONI ONDIN CIONI BIONI NEON
% STEVE L. HE		% STEVE L. HENDERSON			
817 BEACHLAND BLVD 817 BEACHLAND BLVD				DO NOT WRITE IN THIS	CONCE
VERO BEACH F	FL 32963	VERO BEACH FL 32963		3. Date Incorporated or Qualifed	- SFACE
1	*			03/05/1985	
2 Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21	- Andrews - Andr	26		59-2505379	Not Applicable
Suite: Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	<u> </u>	27	<u> روستان در در پیدار ر</u>	3. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible ☐Yes ☐No
24	25	1	<u>o </u>	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Current	Registered Agent	81 Nam		Agent
HEN	IDERSON, STEVE L.				
817 BEACHLAND BLVD			82 Stree	et Address (P.O. Box Number is Not Acceptable)	
VER	O BEACH FL 32963		83		
1					
			84 City	FL	85 Zip Code
Affina are	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	i Florida. Such change was auf	honzed by the col	ed corporation submits this statement for the purpose or proration's board of directors. I hereby accept the appora-	f changing its registered Intment as registered
	Signature, typed or printed name of registered agent			re required when reinstating) DATE	ND DIDECTORS IN 42
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	PDST	☐ DELETE	1.1 TITLE		
NAME	KHAN, SARWAR A.		1.2 NAME		}
STREET ADDRESS	1076 33RD AVENUE SW		1.3 STREET ADDRES	33	
CITY-ST-ZIP	VERO BEACH FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME			2.1 MAME		
STREET ADDRESS			2.3 STREET ADDRES	as	
"CITY-ST-ZIP"		۔ سیسیں یک مید سیت ہ	2'4 CiTY-ST-ZiP-		سان دری
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRES	ss	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	at the state		4. 2 NAME		
STREET ADDRESS	1.2		4.3 STREET ADDRES	SS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
шт		☐ DELETE	5.1 TITLE		Change Addition
NAME .			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRES	SS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		
NAME	i		6.2 NAME		1

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE*

NAME

STREET ADDRESS

CITY-ST-ZIP