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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(4)

ZASH ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

3438 E LAKES RD STE 3 PALM HARBOR FL 34685

2. Principal Place of Business

21

3438 E LAKES RD STE 3 PALM HARBOR FL 34685

FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified

04/01/1986

4. FEI Number

21		26				59-2654771	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt, #, etc.							Additional
22		27			5. Certificate of Status Desired		Fee Ro	equired	
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00	Mav Be	
23	28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Country			8. This corporation owes or has pa			
24				Personal Property Tax due June 30. Yes No				No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered Ag	jent	
SHORT, WILLIAM W., III				81 Nam	e				
3438 EAST LAKE RD #2				82 Street Address (P.O. Box Number is Not Acceptable)					
Palm Harbor FL 34685				83					
				53					
				84 City				85 Zip (Code
							FL		
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									
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered	Agent signati	are required		DATE	VOCATAG	10.112.40
TITLE	PVS	DELETE	1,1 (1)	e	1	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	SHORT, WILLIAM W., III			-				_ crimige	C. Addation
STREET ADORESS	3438 EAST LAKE RD #2		1.2 NA						
	PALM HARBOR FL	LADDOD CI		EET ADDRESS	'				
CITY-ST-ZIP TITLE	TD	DELETE	1.4 CI DELETE 2.1 TI		+			Change	Addition
NAME	SHORT, WILLIAM W., III		2.1 III	_			, -	T Overide	L Addition
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CITY-ST-ZIP	PALM HARBOR FL			EET ADDRESS	' I				
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NAME			3.2 NA		-		_	_ onange	
STREET ADDRESS			3.3 STF		:				ŀ
C!TY-ST-ZIP				Y-ST-ZIP					- 1
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CITY-ST-ZIP				- ST- ZIP					
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NAME			5.2 NAM	E					_
STREET ADDRESS			5.3 STR	ET ADDRESS					l
CITY - ST - ZIP			5.4 CIT	-ST-ZIP					
TITLE		DELETE	6.1 TITL					Change	☐ Addition
NAME			6.2 NAN	E					
STREET ADDRESS			6.3 STR	ET ADDRESS	1				
CITY-ST-ZIP				-ST-ZIP	1				
	ertify that the information supplied with	this filing does not qualify for			ted in Se	ection 119.07(3)(i), Florida Statutes. I f	urther certif	y that the	information

officer or director of the corporation or the receiver or trustee and accurate and that my signature shall have the same legal effect as it 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.