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PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

J47295

(7)

Principal Place of Business 135 VARSITY CR ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 11 Suite, Apt. #, etc.		Mailing Address 135 VARSITY CIR ALTAMONTE SPRINGS FL 32714 US 2a. Mailing Address 26 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/16/1986 4. FEI Number 59-2751574 Applied For Not Applicable \$8.75 Additional Fee Required			
City & State)	City & State			6. Election Campaign Financing		May Be
3		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid		ntangible □ No ∧ WeS
4	25 Name and Address of Curren	29 Agent	30		Personal Property Tax due June 3 10, Name and Address of New Reg		L] NOZJWES
011		it nogrational regard		1 Name	10, mand and Address of most meg.	istores Agoin	
135	AHRZAD SHAMSAEE VARSITY CIR VAMONTE SPRINGS FL 32714		8	Street Add	dress (P.O. Box Number is Not Acceptable		Code
11. Pursuant to	o the provisions of Sections 607.050 sgistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida State of Florida. Such change was ations of, Section 607.0505, F	ites, the abo authorized	ove-named cor by the corpora	poration submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing the appointment a	
SIGNATURE	Shahrad Sammer Signature, typed of parameters of registered age	SHAHRZAL	SHA!	MSAEE	Mar	ch 27, 9	8
SIGNATURE	Sha hroad Stammer Signature, typed or pure and of registered age OFFICERS ANI	SHAHRZAL ant and title if applicable. (NC D DIRECTORS	SHA!	MSAEE	Mar Jired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	
SIGNATURE	Sha hroad Starmack Signature, typed or guard and OFFICERS ANI PST	SHAHRZAL ant and title if applicable. (NC	5HAI	MSAEE Agent signatura requ	uired when reinstating)	DATE	
SIGNATURE 12.	Sha harad Samarak Signature, typed or pure state again OFFICERS ANI PST AL FAHIM, MOHAMMED A	SHAHRZAL ant and title if applicable. (NC D DIRECTORS	SHAI DTE: Registered /	MSAEE	uired when reinstating)	RS AND DIRECTO	RS IN 12
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SIGNATURE: Mahara Damina Suman Aug 27 98 (407) 788-046