SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 89/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

DOCUMENT# L23713  OMID HF ENTERPRISES, INC.    Principal Place of Business		PROFIT RPORATION UAL REPORT 1999	Kathe Secret	ARYMENT OF STATE  rine Harris  ary of State  CORPORATIONS	99 JUL 29	
Principal Place of Business Notio purpregnity BLVD WINTER PARK R. 32792  2. Principal Place of Business 2. Analog Address 2. Principal Place of Business 3. Data incorporated or Qualified 10/117/1989  2. Principal Place of Business 3. Data incorporated or Qualified 10/117/1989  3. Suite, Apt. #, etc.  3. Data incorporated or Qualified 10/117/1989  3. Suite, Apt. #, etc.  5. Suite, Apt. #, etc.  5. Suite, Apt. #, etc.  5. Certificate of Status Desirate   \$8.75 Addost   \$9.75 Addost	1. Corporation	on Name LEO/ 10				, 2 22
##### 150 UNIVERSITY BLVD WHITER PARK FL 32792  ###### 150 UNIVERSITY BLVD ####################################	····				1 1831/84/ 5/16 1/1008 1/1/1 1808/ 1/100	
2. Principal Place of Business   2a. Malling Address   4. FET Number   Application   A	430 UNIVERS	NTY BLVD.	7430 UNIVERSITY BLVD.		DO NOT WRITE	E IN THIS SPACE
Suite, Apt. #, etc    Suite, Apt. #, etc   Suite, Apt. #, etc   Suite, Apt. #, etc   City & State   City   Country   Ves   No   Name and Address of Current Registered Agent   ShrwARANI, ROZTIA   City & State   City   City & State   City & Sta					10/17/1989	
Suite, Apt. #, etc   27   28   27   27   28   30   50   50   50   50   50   50   50		Place of Business	<u></u>			Applied For Not Applicable
Zip   Country   S. Trius Fund Contribution   Added to Fee   Zip	Suite, Apt	l. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional Fee Required
25   29   30   Intargible Personal Property   yes   No	City & Sta	ale	<u>├</u> —₁ ´			\$5.00 May Be Added to Fees
SHYARRANI, ROZTIA 7430 UNIVERSITY BLVD. WINTER PARK FL 32792  83  64 City  65  66  67  68  68  68  68  69  60  60  60  60  60  60  60  60  60	<b>-</b>	<u> </u>	<u></u>	<del></del>	· 1	
SHYARRANI, ROZTIA 7430 UNIVERSITY BLVD. WINTER PARK FL 32792  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 Street Address (P.O. Box Number is Not Acceptable)  B4 City FL 85 Zip Code  B4 City FL 85 Zip Code  B4 City FL 85 Zip Code  B5 Zip Code  B6 Zip Code  B6 Zip Code  B7 Zip Code  B7 Zip Code  B8 Zip Code  B9 Zip C		9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
WINTER PARK FL 32792    Ba					tress (P.O. Box Number is Not Acceptab	le)
1. 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 registers 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 registere agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  Is a mail an with, and accept the obligations of, section 607.0505, Florida Statutes.  Is a mail an with, and accept the obligations of, section 607.0505, Florida Statutes.  Is a mail an with, and accept the obligations of, section 607.0505, Florida Statutes.  Is a mail an with, and accept the obligations of, section 607.0505, Florida Statutes.  Is a mail an with, and accept the obligations of, section 607.0505, Florida Statutes.  Is a mail an accept the appointment as registere agent and accept the appointment as registere agent.  Is a mail an accept the appointment as registere agent and accept the appointment as registere agent.  Is a mail an accept the obligations of, section 607.0505, Florida Statutes.  In a mail an accept the obligations of sections of sections of directors. I hereby accept the appointment as registere agent.  Is a mail an accept the obligations of sections of sections of directors. I hereby accept the appointment as registere agent.  Is a mail an accept the obligations of sections of directors. I hereby accept the appointment as registere agent.  Is a mail an accept the obligations of sections of directors. I hereby accept the obligations of agent accept the appointment as registere agent.  Is a mail an accept the appointment as registered agent.  In a mail an accept the appointment as registered agent.  In a mail an accept the appointment as registered agent.  In a mail an accept the appointment as registered agent.  In a mail an accept the appointment as registered agent.  In a mail an accept the appointment accept agent accept agent accept and acc				83		
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 registere 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 registere agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.    SIGNATURE				84 City	A 30 years	85 Zip Code
TITLE CPSD SHYMARANI, ROZITA SHORET GORESS SHORETFORD CT. SHYMARANI, ROZITA SHORET ADDRESS SHYMARANI, ROZITA SHORET ADDRESS SHORT	<ol> <li>Pursuar office of agent. I</li> </ol>	nt to the provisions of sections 607.050 ir registered agent, or both, in the Stati Lam familiar with, and accept the oblid	02 and 607.1508, Florida Statut e of Florida, Such change was	es, the above named corpo	oration submits this statement for the purp	pose of changing its registered
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DELETE	12.	Signature, typed or printed name of registered age OFFICERS A	gations of, section 607,0505, F ent and title if applicable (N D DIRECTORS	IOTE Registered Agent signature rec	quired when reinstating)	DATE CERS AND DIRECTORS IN 12
TREET ADDRESS   1	Z. ITLE AME TREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT CPSD SHIVARANI, ROZITA 3832 BENTFORD CT.	gations of, section 607,0505, F ent and title if applicable (N D DIRECTORS	IOTE Registered Agent signature rec  13, 11 TITLE 12 NAME 13 STREET ADDRESS	quired when reinstating)	DATE CERS AND DIRECTORS IN 12
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4. 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	IZ.  ITLE  LAME  STREET ADDRESS  STY-ST-ZIP  TITLE  AME  TREET ADDRESS  STY-ST-ZIP  ITLE  LAME  STREET ADDRESS  STY-ST-ZIP  ITLE  AME  TREET ADDRESS  TY-ST-ZIP  ITLE  AME  TREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI CPSD SHIVARANI, ROZITA 3832 BENTFORD CT. ORLANDO FL 32817	gations of, section 607.0505, Fent and title of applicable (ND DIRECTORS DELETE  DELETE  DELETE  DELETE  DELETE	IOTE Registered Agent signature rec  13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TITLE 42 NAME 43 STREET ADDRESS 4.4 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 4.4 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 5.4 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS	aufed when remarking)  ADDITIONS/CHANGES TO OFFI	Change Addition

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OMID HF ENTERPRISES, INC. 7430 University Blvd. Winter Park, FL. 32792-8881

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL. 32314

Dear Sir/Madam,

I spoke with your office July 20, in regard to a delinquency notice I had received regarding Omid HF Enterprises, Inc. Annual Report. At that time, I explained that I was overseas caring for an ailing parent and nobody was available to write checks, Iam therefore respectfully requesting an abatement of penalty.

If you have any questions, please do not besitate to contact me at (407) 671-6464

Sincerely,

Rozita Shivarani President