## 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 May 07, 1999 8:00 am Secretary of State

05-07-1999 90158 043 \*\*\*150.00

1. Corporation	MENT # L31594 EE HOLDINGS, INC.					
Principal Place	of Business	Mailing Address				( 100%) AND THE THE THE THE PART OF THE TOTAL STATE OF THE STATE OF TH
930 CARTER RO SUITE #236 WINTER GARDE US	P.O. BOX 1155 OCOEE FL 34761 US	BOX 1155			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
ua					11/22/1989	
2. Principal Pl	2a. Mailing Address	Mailing Address			4. FEI Number Applied For	
21		26				65-0202479 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired See Required
22		27 City & State			<u> </u>	
City & State	<del>9</del>	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	Zip Country				8. This corporation owes the current year Intangible
24 [25]		29 30			Personal Property Tax.	
24	9. Name and Address of Curren					10. Name and Address of New Registered Agent
BHAGANI, SUDHIR 1028 SPRING LANDING DRIVE WINTER GARDEN FL 34787				82		ddress (P.O. Box Number is Not Acceptable)
				84	City	FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corporagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printing partie of registered agent and title if applicable.  (NOTE: Registered Agent signature registered Agent signature registered Agent signature registered Agent signature registered.)					e corpora	Li - 29 - 59
12.		D DIRECTORS	2: Registered	Agents	agriature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	☐ DELETE	1.1 T	TLE		☐ Change ☐ Addition
NAME	BHAGANI, SUDHIR		1.2 NAME			
STREET ADDRESS	ss 1028 SPRING LANDING DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN FL 34787 VS	☐ DELETE		2.1 TITLE		☐ Change ☐ Addition
NAME	BHAGANI, JAYSHREE		2.2 N	2.2 NAME		
STREET ADDRESS	DIROAN, SATOTINEE		2.3 S	TREET A	DORESS	
CITY-ST-ZIP			2.40	NTY-ST-	ZIP	
TITLE		DELETE	3.71	3.1 TITLE		☐ Change ☐ Addition
NAME			32 N	AME		
STREET ADDRESS			3.3 S	TREET A	DDRESS	
CITY-ST-ZIP			_	CITY-ST-	ZIP	☐ Change ☐ Addition
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NAME				IAME	000500	
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NAME STREET ADDRESS					ODRESS	
CITY-ST-ZIP			ľ	ITY-ST-	1	
TITLE		☐ DELETE	6.1 11			☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 \$	TREET A	DDRESS	
			640	ITV ST	71D	

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.

SIGNATURE:

SIGNAZORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29- 89

407 877 1100