


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90008 002 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000062745</b>					
1. Corporation Name <b>HASHIM ENTERPRISES, INC.</b>					
Principal Place of Business 2113 SW 73RD STREET GAINESVILLE FL 32607			Mailing Address 2113 SW 73RD STREET GAINESVILLE FL 32607		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 2056 SW 73rd Street Suite, Apt. #, etc.			2a. Mailing Address 26 2056 SW 73rd St. Suite, Apt. #, etc.		
22 City & State 23 Gainesville, Florida Zip Country 24 32607 25 USA			27 City & State 28 Gainesville, Florida Zip Country 29 32607 30 USA		
9. Name and Address of Current Registered Agent CHEHAB, GHASSAN 2113 SW 73RD STREET GAINESVILLE FL 32607			10. Name and Address of New Registered Agent 81 Name <b>Ahmed Hashim</b> 82 Street Address (P.O. Box Number is Not Acceptable) 2056 SW 73rd Street 83 84 City <b>Gainesville</b> FL 85 Zip Code <b>32607</b>		
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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE <b>Ahmed Hashim</b> DATE <b>8/25/99</b> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE <b>PVD</b> <input type="checkbox"/> DELETE NAME <b>HASHIM, HASSAN A</b> STREET ADDRESS <b>1939 SW 73RD TERRACE</b> CITY-ST-ZIP <b>GAINESVILLE FL 32607</b> TITLE <b>S</b> <input type="checkbox"/> DELETE NAME <b>HASHIM, AHMED</b> STREET ADDRESS <b>2113 SW 73RD STREET</b> CITY-ST-ZIP <b>GAINESVILLE FL 32607</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
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.					
SIGNATURE: <b>Ahmed Hashim</b> <b>Ahmed Hashim</b> 7-8-1999 (352) 332-1568 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (5/99)