FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996 🔏	DIVISION OF CO	ORPORATI	IONS			
DOCUM 1. Corporation	MENT # P950	000018995 (7)				
. ,	EE HOLDINGS, INC.	•	•				
Principal Place	of Business	Mailing Address				JAM GOM ESIQI	110E: 10110 19110 19121 BUT 1001
200 N. BELCHER ROAD			200 N. BELCHER ROAD				
LARGO FL	34641	LARGO FL 34641			İ		
					3. Date Incorporated or Qualified 03/06/1995	3a. Date	of Last Report
2. Principa! Pla	ace of Business	2a. Mailing Address	Mailing Address		4. FE! Number		Applied For
21 Suite, Apt. #	. elc.	Stite Ant # etc	Suite, Apt. #, etc.		59-3306394	· - ·	Not Applicable
22		27			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	· · · · · · · · · · · · · · · · · ·	8. This corporation has liability for	intangible ta	
24	25		30		Florida Statutes	i ∐No	
-	g. Name and Address of Cur	rent Hegistered Agent	81	Name	10. Name and Address of New F	legistered	Agent
PATEI	, SANDIP I ESQ		.				
	HOWARD AVE.		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
TAMPA FL 33606			83	† · · · · · · · · · · · · · · · · · ·			
			84	City			85 Z ₁ p Code
44 6)				′		<u> </u>	
or registere	to agent, of Doth, in the State of H	onda. Such chance was authorized i	the above i by the corp	named corpo poration's bos	oration submits this statement for the pur and of directors. Thereby accept the app	rpose of cha o'ntment as	anging its registered office i registered agent. I am
Tel-Timed 941(1	n, and accept the obligations of, Si	ection 607,0505, Florida Statutes.					Ů
SIGNATURE _	Signature typed or printed name of registered ag	gent and title if applicable (NK)*E i	Fingstered Age	nt sgrature re ar-	o. I when removating	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS IN 12
TITLE	D DATEL MINIA	☐ DELETE	1. 1 117.28			[Change Addition
NAME STREET ADDRESS	GOO N. BELCHED DOAD		1.2 NAME				
Cily-SI-ZIP	LARGO FL 34641		13 STREE				
TITLE	D	☐ DELETE	1.4 CITY-S 2.1 TITLE	o;-::::: ‡			Change Addition
NAME	PATEL, HASMUKH	L evel	22 NAME			L	
STREET ADDRESS	200 N. BELCHER ROAD		2.3 \$18661	ADDRESS			
CHIY-ST-ZIP	LARGO FL 34641		2 4 CITY - 9	ST - ZIP			
TITLE		☐ DELETE	3 1 1111.8				Change Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	I .			
TITLE	A.M	DELETE	3.4 CHY - S 4. 1 TITLE	ST - ZIF'			Connect Control
NAME			4. 1 THEE			L	Cnange Addition
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CDY - S				
TIFLE		☐ DELETE	5 1 HILE			[Change Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET	ADDRESS			
CITY-ST-ZIP		TT DELCAR	5.4 C+TY+S	SI · ZiP			
TITLE		☐ DELETE	6 1 TITLE] Change Addition
NAME STREET ADDRESS			6.2 NAME	This become			
CITY-ST-ZIP			6.3 STREET				
			64 CHY-S	1 - 4 11			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Let 1. Let 2. Let 2. Let 3. Let 3

3-21-96 813-530-4402