

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000022333 (5)

1. Corporation Name  
SA-SH ARKETEKTS, P.A.

Principal Place of Business

2693 W. FAIRBANKS AVE.  
SUITE D  
WINTER PARK FL 32789

Mailing Address

2693 W. FAIRBANKS AVE.  
SUITE D  
WINTER PARK FL 32789-3380



2. Principal Place of Business		3a. Date of Last Report	
21 824 Amber Way		03/20/1995	
Suite, Apt. #, etc.		3a. Date of Last Report	
22 102		04/19/1996	
City & State		4. FEI Number	
23 Altamonte Springs FL		59-3305120	
Zip		Applied For	
24 32714		Not Applicable	
Country		5. Certificate of Status Desired	
25 Seminole		<input type="checkbox"/> \$8.75 Additional Fee Required	
26 824 Amber Way		6. Election Campaign Financing	
Suite, Apt. #, etc.		Trust Fund Contribution	
27 102		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
28 Altamonte Springs FL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		10. Name and Address of New Registered Agent	
29 32714		81 Name	
Country		82 Street Address (P.O. Box Number is Not Acceptable)	
30 Seminole		83 Apt 102	
31		84 City	
32		Altamonte Springs FL	
33		85 Zip Code	
34		32714	

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

*Steven W. Hinst*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 14, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINST, STEVEN W	1.2 NAME	
STREET ADDRESS	825 AMBER WAY, #210	1.3 STREET ADDRESS	824 Amber Way #102
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	Altamonte Springs FL 32714
TITLE	SD	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAED AHMADNEJAD	2.3 STREET ADDRESS	
STREET ADDRESS	789 LAKE COMO DR	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	LAKE MARY FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		3.2 NAME	SD
NAME		3.3 STREET ADDRESS	Hinst, Virginia
STREET ADDRESS		3.4 CITY-ST-ZIP	824 Amber Way #102
CITY-ST-ZIP		4.1 TITLE	Altamonte Springs FL 32714
TITLE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

14. I do 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:

*Steven W. Hinst*

April 14, 1997

CR2E034 (9/96)