## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

 PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000043952 (7)

AHAS, INC.

Principal Place of Business

Mailing Address

## **FILED** Aug 04 1998 8:00am Secretary of State



501 OAK HAVEN DR. ALTAMONTE SPRINGS FL 32701		501 OAK HAVEN DR. ALTAMONTE SPRINGS FL 32701		50.405.445.75.415.41		
					3. Date Incorporated or Qualified 06/07/1995	S SPACE
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3320134	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution		
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu	
24	25 29 30		30	Personal Property Tax due June 30.  Yes No		
	9. Name and Address of Current	egistered Agent 81 Name		Mama	10. Name and Address of New Registered Agent	
	CK, RONALD W		B1 Name			
112 S. LAKE AVE. Orlando fl 32801			82			
			83			
			84	City	FI	85 Zip Code
office or	to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was	authorized b	y the corporat	oration submits this statement for the purpose of cition's board of directors. I hereby accept the appo	changing its registered bintment as registered
SIGNATURE						
	Signature, typed or printed name of registered agent			Agent signature re-	quired when reinstalling) DATE	NO DIDECTORO IL 10
12.	OFFICERS ANI	ND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS A	
;	SMITH, ALFRED W	DELETE	1.1 TITLE		-0 <b>8</b> /05/3801071	L dhange
NAME	PALANCHED		1.2 NAME	T 1000000	***150.00	U44.
	ALTANONITE CODINGS EL 20704			TADDRESS	<i>σσσ</i> 1 (201 € 601)	
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CITY-ST-ZIP	SANFORD FL 32771			T-ZIP		l
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NAME	3.2					change (
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NAME					Λ.	7
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NAME		<u></u>	5.2 NAME			=:
STREET ADDRESS			5.3 STREE	T ADDRESS		4.3
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		DELETE	6.1 TITLE			
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADDRESS		•
CITY-ST-ZIP			6.4 CITY-S	T-ZIP		: 

7-20-98 4

## FAX TRANSMISSION

Tyl.

## AHASING.

AL SMITH

501 OAK HAVEN DRIVE

ALTAMONTE SPRINGS, FL 32701

Fax: (407) 331-4284 \* Home: (407) 331-4227

To: Div 15 ion OF Corporate:
Fax #: 5/4/ 8/F/2 Pages:
From:
Standard and State and the standard and the first of the standard standard standard for the standard s
Subject:
COMMENTS: Dear Sirs
I did NOT Becieve UNI
NOTIFICATION OF The First
Notice of DUN FINNUAL Corporation
Report
I AM ENClose in our Check
I AM ENClose in our Check OF 1500 For Filing I hope
This Will Take Core of This
Thank 5
176 Smith