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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Apr 16 1998 8:00am Secretary of State

DOCUI	MENT # P9500	0054445 (8)			
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					HARR <b>elb</b> il <b>ele</b> ir ele <b>e</b> r elle 10a
					iiki iidi ooni diari dii 1881
Principal Place of Business Mailing Address  268 E MYERS BLVD 268 E MYERS BLVD					
MASCOTTE EL 32251		MASCOTTE FL 32705			
34753		3475	3	DO NOT WRITE IN THI	S SPACE
		<b>J</b> (		3. Date incorporated or Qualified 07/10/1995	,
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3355287	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	U	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζιρ	Country	8. This corporation owes or has paid the o	
24	[25]		10	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  NAMALI KOUROSH  81 Name					
NAHALI, KOUROSH 268 E MYERS BLVD				VAHALI KAMBAI	<u> </u>
MASCOTTE FL 32753			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
,			83	C. 11/LKY 236VD	<del></del>
			84 City		85 Zip Code
			MA	SCOTTE F	L    3475 3
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 regional confidence or registered agent. I both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am laminar with and except the objigations of, Section 607.0505, Florida Statutes.					
agent. I a	m familiar with and accept the oblig	ations of, Section 607.0505, Flori	da Statutes.	/ =	- 90
SIGNATURE	Maiure, typed or printed name or registered so	ont and tille if applicable (NOTE:	Registered Agent signature requ	uired when reinstating) DATE	-98
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITLE	MALE VALORIL	☐ Change ☐ Addition
NAME	NAHALI, KOUROSH 268 E MYERS BLVD		1.2 NAME	AHALI KAMRAN	
STREET ADDRESS	MASCOTTE FL 32753		1.3 STREET ADDRESS 2	18 E MYERS BLVD 1ASCOTTE 1 FL 39753	
CITY-ST-ZIP TITLE	V	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	HSGTIE / FL 31103	Change Addition
NAME	QURESHI, NAGHMAN		2.2 NAME		Change C 7000000
STREET ADDRESS	268 E MYERS BLVD	No CHANGE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MASCOTTE FL 32753	-	2 4 CITY-ST-ZIP		
TITLE	ST	DELETE	3.1 TITLE		Change Addition
NAME	SHARMA, RAJESH	No CHANGE	3.2 NAME		
STREET ADDRESS	268 E MYERS BLVD MASCOTTE FL 32753	No CHANGE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MASCUTTE PE 32753	T Driver	3.4. CITY-ST-ZIP		Change Addition
TITLE NAME		☐ DELETE	4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-SI-ZIP	notify that the information supplied w	ith this filing does not qualify for	6.4 CITY-ST-ZIP	section 119 07/3/i) Florida Statutes   further	certify that the information

I nereby 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 informatio 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 occiver 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.

1-5-98 (352) 429-0222