

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000095844 (3)**

1. Corporation Name:
HASAN X INVESTMENT, INC.

Principal Place of Business
**4107 ROLLING SPRINGS DRIVE
TAMPA FL 33624**

Mailing Address
**4107 ROLLING SPRINGS DRIVE
TAMPA FL 33624**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1995	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3510842		Applied For	
22. City & State	27. City & State	APPLIED FOR		Not Applicable	
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RIFAT, HASAN 4107 ROLLING SPRING DR TAMPA FL 33624				81. Name	RIFAT HASAN
				82. Street Address (P.O. Box Number is Not Acceptable)	4107 ROLLING SPRING DR
				83. City	Tampa, FL. 33624
				84. Zip Code	FL

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

Signature: typed or printed name of registered agent, and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASAN, RIFAT	12. NAME	
STREET ADDRESS	4107 ROLLING SPRINGS DRIVE	13. STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2. NAME	
STREET ADDRESS		2.3. STREET ADDRESS	
CITY-ST-ZIP		2.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2. NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2. NAME	
STREET ADDRESS		4.3. STREET ADDRESS	
CITY-ST-ZIP		4.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2. NAME	
STREET ADDRESS		5.3. STREET ADDRESS	
CITY-ST-ZIP		5.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY-ST-ZIP		6.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

RIFAT HASAN 3-31-98 (813) 663-0227

CR2E034 (10/97)