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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000019633 (2)

1. 	Corporation MOHSI		1 90000	JU 1900C) (<u>~</u>)							
Principal Place of Business Mailing Address										-	SHILL HILL I	IH II 61
2415 NORTH MONROE ST. #2130 TALLAHASSEE FL 32303			POST OFFICE BOX 37054 TALLAHASSEE FL 32315						DO NOT WRITE IN THIS SPACE			
										3. Date incorporated or Qualified 03/04/1996		
2. 21	Principal Pi	ace of Busine	SS	2a. Mailing Address 26						4. FEI Number 59-3365003	Applie Not Ap	d For oplicable
22	Sulte, Apt. #, etc.			Suite, Apt. #, etc.						I b Carriticate of Status Desired 1 I	.75 Addi ee Requir	
23	City & State	9		City & State						\$5.00 May Be Added to Fees		
24	Zip	21	Country	Zip	30	Coun	ilry			8. This corporation owes or has paid the current y Personal Property Tax due June 30.	ear Intangi	ible
==	 -		nd Address of Current			''				10. Name and Address of New Registered Agent		<u>-</u>
ALI, USMAN 641 FULTON RD #89 TALLAHASSEE FL 32312						6	B2	Name Street	Addre	USMAN ass (P.Q. Box Number is Not Acceptable) FULTON Rd #28		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was ault agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid							above-named corporation submits this statement for the purpose of changing and by the corporation's board of directors. I hereby accept the appointment				Zip Cod 323 ging its re ent as regi	
l	GNATURE		printed name of registered ages							d when reinstating) DATE	·	
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14. I hereby certify that the information supplied with this filing does not quality 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.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

CICLIATURE

TITLE

NAME

STREET ADDRESS CITY+ST-ZIP

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DELETE

1110/00

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■ Addition

FILED

May 13 1998 8:00am

Secretary of State