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

FILED Mar 10, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** ANNUAL REPORT Secretary of State 03-10-1999 90071 025 ***150.00 1999 DIVISION OF CORPORATIONS

i. Corporation	MENT # P96000 IHKHAN, INC.	035748			
Principal Place	of Business	Mailing Address			** *****
5463 W HWY 19		5463 W HWY 192			
KISSIMMEE FL 34746 KISSIMMEE FL 34746				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed	0 01 A0L
				04/22/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3377962	Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5, Certifcate of Status Desired	\$8.75 Additional
22		27			Fee.Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	 This corporation owes the current year leading to the personal Property Tax. 	ntangible ☑Yes □No
24	25 9. Name and Address of Curren	1=-1	80	10. Name and Address of New Registered	
	3. Name and Address of Curren	- Registored Agent	81 Name		
ELKO	OWNI, BASSAM		20 01 14	(D.C. D. M. who is Not Assertable)	
7630 BENJI RIDGE TRAIL			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
KISSIMMEE FL 34746			83		
			24 00		85 Zip Code
			84 City	F	
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 ager	at and title if applicable. (NOTE: F	Registered Agent signature req		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALKOWNI, BASSAM		1.2 NAME		
STREET ADDRESS	5944 MASTERS BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		Change Addition
TITLE	DS	OELETE	2.1 TITLE		
NAME	KHUN, PATRICIA		2.2 NAME		
STREET ADDRESS	13710 CALLE TACUPA		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARATOGA CA DP	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE	ALKOWNI, OSAMA		3.2 NAME		
NAME	6624 MISSION CLUB BLVD., #	200	3.3 STREET ADDRESS		}
STREET ADDRESS	ORLANDO FL	203	3.4. CiTY-ST-ZIP		ł
CITY-ST-ZIP TITLE	ONDANDO 1 E	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 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		

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 with all other like ampowered.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OF

Daytime Phone #