

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

FILED
Mar 10 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 # P96000036605
 1. Corporation Name
HESHMAT, INC.

Principal Place of Business Mailing Address

404 South Main Street
Gainesville, FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
April 24, 1996

21 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
25 Country	28 Country
29 Zip	30 Country

4. FEI Number Applied For

59-3380578 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

Allan H. Kaye, P.A.
3520 NW 43rd Street
Gainesville, FL 32606
 (Old Address - **Allan H. Kaye, Esquire**
7225 NW 131 Street
Gainesville, FL 32653)

10. Name and Address of New Registered Agent

81 Name **Allan H. Kaye, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)
3520 NW 43rd Street

83

84 City **Gainesville** **FL** **85 Zip Code** **32606**

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: *Allan H. Kaye* **ALLAN H. KAYE, P.A.** **3/3/98**

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Mohammed R. Heshmat	
STREET ADDRESS	1650 NW 29th Road	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	Felor Heshmat Ghahdarijani	
STREET ADDRESS	1650 NW 29th Road	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Ardalan Ghahdarijani	
STREET ADDRESS	1930 NW 40th Place	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002452928
6.3 STREET ADDRESS	-03/10/98--01084--032
6.4 CITY-ST-ZIP	***150.00

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: *M.R.H.* **3/3/98 (352) 375-7997**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional) Phone #

CR2E034 (10/97)