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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 24 1997 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

THEE NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # P96000037665 (2)

KHAN'S HAULING ENTERPRISES INC.

1485 B. KIRKMAN BOAD, APT. 49060 1465 C. KIRKMAN ROAD, APT, #2000 ORLANDO FL 02011-ORLANDO FL 22011 2200 5428 BROOKWOOD WAY 5428 BROOKWOOD WAY 3. Date Incorporated or Qualified 3a. Date of Last Report ORLANDO FL. 32808 OKLANDO F.L. 32808 2. Principal Place of Business 04/26/1996 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Country This corporation has liability for intangible tax under s. 199.032, Yes V No Florida Statutes 29 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KHAN, HAJRAH 1465 S. KIRKMAN ROAD, APT. #2060 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32811-5428 BROOKWOOD WAY 83 ORLAND FL. 32808 84 City Zip Code 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 Suppression types or perced hance of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) PRESIDENT DELETE Change Addition 1.1 TITLE DUE HATRAH KHAN NAME 12 NAME 28 BRackwood Way 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP C(1) y - S1 - 20F DELETE Addition Change 2.1 TITLE THUE AZIR 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY-ST-ZIP CITY ST DELETE Change Addition THE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - \$1 - ZIP DoilibbA DELETE TOLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST-ZiP 4.4 CiTY-ST-ZiP DELFTE Change Addition 5.1 TITLE THEE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY ST ZIP

DELETE

61 TITLE

62 NAME

14. I do hereby certify that the information supplied with this fifing 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

6.3 STREET ADDRESS 6.4 City - St - 7/P