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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State 02-22-1999 90094 004 ***150.00 Katherine Harris Secretary of State

1. Corporation	TEES, INC.	UU52496						
Principal Place	Mailing Address				Transfer or lene sitt sem sem sem			
7761 W IRLO BRONSON HWY P.O. BOX 691534 KISSIMMEE FL 34747 ORLANDO FL 32869 US US						DO NOT WRITE IN	I THIS SPACE	,
						3. Date Incorporated or Qualifed		ļ
						06/12/1996		
2. Principal Pl	ace of Business 2a. Mailing Address					4. FEI Number	H	Applied For
11	# etc. Suite, Apt. #, etc.					59-3382232	\$8.7	Not Applicable 5 Additional
	uite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	• -	Required
City & State		City & State			-	6. Election Campaign Financing	`\$5.	00 May Bê
23	·	28				Trust Fund Contribution		led to Fees
Zip	Country	Zip	Country			8. This corporation owes the current y	ear Intangible	□No
24	25	29 30)			Personal Property Tax. 10. Name and Address of New Regis		
	9. Name and Address of Cur	rent Registered Agent	81	Name		IV. Name and Address of New Regis	tered Agent	
ANS	ari, <i>z</i> ia i							
7761 W. IRLO BRONSON MEMORIAL HWY.			82	Street A	Address	(P.O. Box Number is Not Acceptable)		
KISS	IMMEE FL 34747		83					
			84				To-	Zin Codo
ı				City			FL 85 2	Zip Code
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE: Re	gistered Agen			ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	CTORS IN 12
TITLE	CEO			1.1 TITLE 2 E		(PRESIDENT) SEC.	e char	
NAME	ANSARI, ZIA I.	1.2 N						-
STREET ADDRESS	7761 WEST IRLO BRONSON MEMORIAL HWY. 14		1.3 STREET	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				į
CITY-ST-ZIP	KISSIMMEE FL 34747							
TITLE		☐ DELETE 2.1 T		TITLE Char		nge		
NAME	:		2.2 NAME	İ				{
STREET ADDRESS			2.3 STREET	- 1		1		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				~ ☐ Char	nge Addition
TITLE	_		3.2 NAME					·
NAME STREET ADDRESS			3.3 STREET	ADDRESS				
			3.4. CITY-S					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	*			☐ Chai	nge
NAME	1		4. 2 NAME	1				
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	-ZiP				
TITLE		☐ DELETE	5.1 TITLE				☐ Chai	nge
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET					\
CITY-ST-ZIP		□ DC: ETC	5.4 CITY-S' 6.1 TITLE	-ZIP			☐ Chai	nge Addition
TITLE		☐ DELETE	6.2 NAME	ĺ			∟ Cilai	.gc ∐ Addison
NAME			6.3 STREET	ADDRESS				
STREET ADDRESS		\sim	6.4 CITY-S1					

14. I hereby certify that the information supplied win 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 deliver or frustee 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 any facinities with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #