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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P96000092534 (2)

SZS ENTERPRISES, INC.

FILED May 12 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 6438 INTERNATIONAL DR. 6438 INTERNATIONAL DR. ORLANDO FL 32819 ORLANDO FL 32819 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2705 CRANBSCOVE 26 59-3406014 Not Applicable Suite, Apt. #, etc. フスマメ Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing ICISSIMMILE П 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 25 USCEALA 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SYED, SOHAIL A **8438 INTERNATIONAL DR.** Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32819 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change ___ Addition TITLE DELETE 1.1 TITLE SYED, SOHAIL A NAME 1.2 NAME 6438 INTERNATIONAL DR. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32819 1.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Charige Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 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 suppliemental 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:

4-25-98 407-931-1192