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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # P97000059872 (6) SHAH ENTERPRISES INC.   |   |                                    |                                       |  |
|---|---|------------------------------------|---------------------------------------|--|
| Principal Plac  | e of Business   | Mailing Address                    | · · · · · · · · · · · · · · · · · · · |  |
| 2345 ASCOT AVE<br>ORLANDO FL 32833  |   | 2345 ASCOT AVE<br>ORLANDO FL 32633 |                                       |  |
|   |   |                                    |                                       | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  |
| 1   |   |                                    |                                       |  |
| 2. Principal Place of Business  |   | 2a. Mailing Address                |                                       | 07/08/1997 4. FEI Number Applied For   |
| 21  |   | 26                                 |                                       | 59 - 24 62 657 Not Applicable  |
| Suite, Apt.   | #. etc.   | Suite, Apt. #, etc.                |                                       | 5. Certificate of Status Desired  \$8.75 Additional  |
| 22  |   | 27                                 |                                       | Fee Required   |
| City & State  | 9   | City & State                       |                                       | Election Campaign Financing \$5.00 May Be  |
| 23  | Clauster  | 28                                 | 1 6                                   | Trust Fund Contribution  |
| Zip   | Country 25  | Ζφ<br>[ <b>29</b> ]                | Country<br>30                         | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| 24]   | 9. Name and Address of Curre                                    |                                    | <u>]30]</u>                           | 10. Name and Address of New Registered Agent   |
| M   | DHAMMED, SHAHEED  |                                    | 81 Name                               |  |
| MARIA ACCOT AND   |   |                                    |                                       | Address (P.O. Box Number is Not Acceptable)  |
| 2345 ASCUT AVE  |   |                                    | 62) Silegi                            | 2345 DCOT AVE  |
|   | /*  |                                    | 83                                    |  |
| }   | •   |                                    | 84 City                               | DPINATO 212 P. 85 Zip Code   |
|   | <u> </u>  |                                    |                                       | 1 1 32853  |
| 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 la  | m familiar with, and accept the obliq                           | ations of Section 607.0505, FI     | orida Statuteş.                       | , I  |
| SIGNATURE   | _ fevall > Mo   |                                    | eerdant                               | 8P F6/4  |
| 12.   | Signature upon or printed name of regent rectage<br>OFFICERS AN | ID DIRECTORS                       | F Hegislered Agent signature 13.      | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE   | D   | DELETE                             | 1.1 10 LF                             | Change Addition  |
| NAME  | MOHAMMED, SHAHEED   |                                    | 1.2 NAME                              |  |
| STREET ADDRESS  | 2345 ASCOT AVE  |                                    | 1.3 STREET ADDRESS                    |  |
| CITY-ST-ZIP   | ORLANDO FL 32833  |                                    | 1.4 CITY - \$1 - ZIP                  |  |
| TITLE   | D   | ☐ DELETE                           | 2.1 TITLE                             | TEVE TY S. MO HAPMING  |
| NAME  | MOHAMMED, YEVETT S  |                                    | 2.2 NAME                              | TEVE 77 S. PIO HAYMING   |
| STREET ADDRESS  | 2345 ASCOT AVE  |                                    | 2.3 STREET ADDRESS                    | 23 45 ACOT Are   |
| CITY-ST-ZIP   | ORLANDO FL 32833  | DOLETE.                            | 2. 4 C(TY - S1 - Z(P                  | 02HND4 71. 32835   |
| TITLE   |   | DELETE                             | 3.1 TITLE                             | L] Change L_J Addition   |
| STREET ADDRESS  |   |                                    | 3.2 NAME 3.3 STREET ADDRESS           |  |
| CITY-ST-ZIP   |   |                                    | 3.4. CITY-ST-7IP                      |  |
| TITLE   |   | 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 - 7IP                   |  |
| TITLE   |   | DELETE                             | 6.1 TITE                              | ☐ Change ☐ Addition  |
| NAME<br>CYDEST ADDRESS  |   |                                    | 6.2 NAME                              | 900002508439<br>-05/04/9801002006  |
| STREET ADDRESS  |   |                                    | 6.3 STREET ADDRESS                    | -US/U4/98U1UU2-+UU6 V\\\\  |
| CITY-ST-ZIP   |   |                                    | 6.4 CITY - ST - ZIP                   | 1 年来的[注1][1][1] :  |

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 it changed, or on an attachment with an address.

SIGNATURE:

4/27/98

Jun 22 1998 8:00am

Secretary of State