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 # P97000100361 (9)

KUSH CORPORATION

FILED Feb 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address											OCH KAN N	HALL OCH OUR HITTER A		
620 GOSHEN COURT					620 GOS	HEN COURT								
ORLANDO FL 32828					ORLANDO FL 32828					DO NOT MIDE	TC 161 TU10	ODAOS		
										DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
										11/24/1997				
2. Principal Place of Business					2a, Mailing Address					4. FEI Number		I A	pplied For	
21					26					59 348 452	9	J +-	ot Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional	
22					27					b. Certificate of Status Desired		Fee R	equired	
_	City & State				City & State					6. Election Campaign Financing			May Be	
23	Zip	-	Country		Zip Country					Trust Fund Contribution Added to Fees				
_	ΣIP	<u> </u>						8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No						
24	•	25 29 9. Name and Address of Current Registered Agent					10. Name and Address of N						<u> A NO</u>	
	LAMB, RICHARD L									10. 11. 11. 11. 11. 11. 11. 11. 11. 11.	3.0	,,ge		
1517 20TH ST.									<u> </u>					
VERO BEACH FL 32961-6704								2 3	Street Addr	ress (P.O. Box Number is Not Accepti	able)			
	76-174	<i>,</i> , , , , , , , , , , , , , , , , , ,	1 5 05001	7104			83	;						
								1	0.4					
				1			84	Ί΄	City		FL	_ 85 Zip	Code	
11.	Pursuant to t	t he provision	ons of Sectio	ns 607 0502 ii	nd 607.1508	Florida Statuto	s, the abov	/e-r	named corp	poration submits this statement for the	purpose o	f changing i	ts registered	
	agent. I am f	l a miliar wit	and accep	the state of the obligation	rionda. Such ins of, Section	change was a n 607.0505, Flo	umonzea d rida Statuto	yur SS.	ne corporat	poration submits this statement for the tion's board of directors. I hereby acc	apt the app	oointment as 1	registerea	
	NATURE		YX 1		1						llzi l	98		
Signature, typod of printed narran of a gistered agent and tile if applicable (NOTE. Registered									signature requir	red when reinstating)	DATE	1-0-		
12.		OFFICERS AND				13.		1	ADDITIONS/CHANGES TO OFF	ICERS AND	D DIRECTOR Change	RS IN 12		
TITU	•					☐ DELETE	1.1 TITLE			RESIDENT		Change	AUDIEUII	
NAM	}						1.2 NAME	7 A.D.	S.	ANDHYA K. SHAH				
	STREET ADDRESS CITY-ST-ZIP				I				DRESS 6	RO GOSHEN CT. RLANDO, FL. 32	828			
TITLE					1.4 Ci			21.4		ICE PRESIDENT		Change	Addition	
NAM									_ L.	ASMUKH M. PATE	ł			
	ET ADDRESS						23 STREE	T AD	DRESS 12	OB KINGSWOOD L	N			
•	-ST-ZIP						2 4 City-		ZIP C	ORT PIERCE. PL.	3498	2		
TITLE						DELETE	31 TITLE	•		BCRE TARY		Change	X Addition	
NAM	E						3.2 NAME		_	SHA H. PATEL				
STRE	et address						3.3 STREE	T AD	DRESS 12	OE KINGSWOOD LA	l•		İ	
CITY	-ST-ZIP						3.4. CI1Y-	ST-	ZIP FO	AT PIERCE, FL. 3	ል ዓ ያ ያ	<u>L</u>		
TOL	: -					DELE te	4.1 TITLE		T	REASURER		Change	Addition	
NAM	E						4. 2 NAME							
STRE	ET ADDRESS						4.3 STREE	T AD	ORESS 6	IRIT R. SHAH 20 GOSHEN CT ALANDO, FL. 3289			İ	
CITY	-ST-ZIP						4.4 CITY -	SI - 2	ZIP 💍	ALANDO, FL. 3289	7 8			
TITLE						DELETE	5.1 TITLE					Change	☐ Addition	
NAM	E						5.2 NAME							
	ET ADORESS						5.3 STREE	T AD	ORFSS					
	-ST-ZIP					T DECEME	5.4 CITY-	S1 - Z	ZIP					
TITLE						DELETE	6.1 TITLE					L Change	Addition	
NAM							6.2 NAME							
	ET ADDRESS						63 STREE							
	-ST-ZP	ike that the	information	upplied with	this filips das	e not qualify for	6.4 CITY-			Section 119.07(3)(i), Florida Statutes.	I further a	artifu that the	information	
14.	THE FOLLOW COLL	iny triattifie	HIDOTHROOM !	տերագր այլը լ	me imid aon	e nordowning to	THE EXECUT	AIO.	ii stateu in	Section 119.07(3)(1), Florida Statutes.	Trummer ce	วเบเท เบลเ เทย	nomation	

4. 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.

CICNATURE: Sa da

SANDENACUAL

1117198 (407)249-5

R2E034 (10/97)