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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90002 044 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000100361

1. Corporation Name

KUSH CORPORATION

Principal Place of Business

620 GOSHEN COURT  
ORLANDO FL 32828

Mailing Address

620 GOSHEN COURT  
ORLANDO FL 32828

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1997

4. FEI Number

59-3484529

Applied For:

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes No

2. Principal Place of Business

2a. Mailing Address

21 539 S. Chickasaw Trail

26 620 Goshen Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando

28 Orlando

24 FL 25 Orange

29 32828 30 Orange

9. Name and Address of Current Registered Agent

LAMB, RICHARD L  
1517 20TH ST.  
VERO BEACH FL 32961-6704

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME SANDHYA K SHAH  
STREET ADDRESS 620 GROSHEN CT  
CITY-ST-ZIP ORLANDO FL 32828

TITLE VP  
NAME HASMUKH M PATEL  
STREET ADDRESS 1206 KINGSWOOD LN  
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE T  
NAME KIRIT R SHAH  
STREET ADDRESS 620 CROSHEN CT  
CITY-ST-ZIP ORLANDO FL 32828

TITLE S  
NAME PATEL, USHA H  
STREET ADDRESS 1206 KINGSWOOD LN.  
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sandhya K Shah, President 1/27/99 (407) 207-8050

CR2E034 (11/98)