07081999-90029-032-$550.00-$550.00

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90029 032 ***550.00

999.

AMOUNT DUE ON UK REPORTS DATED: $550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000019323

f. Corporation Name
ASHA SHANI INC.

Principal Place of Business	Mailing Address
671 RUTLEDGE RD. ONGWOOD FL 32779	1671 RUTLEDGE RD. LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1998

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59 349 7785 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible personal property. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

PERSON, BRENDA Y
1671 RUTLEDGE RD.
LONGWOOD FL 32779

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

1. 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.

IGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE / ME / REET ADDRESS / Y-ST-ZIP	Pres, Treas - Sec Brenda Y. Person 1671 Rutledge Rd Longwood, FL 32779 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Pres - Treas Sec Brenda Y. Person 1671 Rutledge Rd Longwood, FL 32779 ☐ Change ☐ Addition
LE / ME / REET ADDRESS / Y-ST-ZIP	Director, Gregory Person 1671 Rutledge Rd Longwood, FL 32779 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director, Gregory Person 1671 Rutledge Rd Longwood, FL 32779 ☐ Change ☐ Addition
LE / ME / REET ADDRESS / Y-ST-ZIP	Director, Juliri K. Person 1671 Rutledge Rd Longwood, FL 32779 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director, Juliri Person 1671 Rutledge Rd Longwood, FL 32779 ☑ Change ☐ Addition
LE / ME / EET ADDRESS / Y-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
LE / ME / EET ADDRESS / Y-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
LE / ME / EET ADDRESS / Y-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/98)

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.

IGNATURE: Brenda Y. Person 7/2/99 407-788-8852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #