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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000019355 1, Corporation Name

ASHA, INC.

May 01, 1999 8:00 am Secretary of State

05-01-1999 90044 036 ***163.75



Principal Place	e of Business	M	failing Address				T CENTAGE SIG INICH INIC MESTS MACE MASTE MOINT STORE 19100 STATE NAME AND THE
10268 W. SAMP	PLE ROAD	10	268 W. SAMPLE ROAD				
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065							
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 02/27/1998
2. Principal Place of Business			a. Mailing Address			,	4. FEI Number Applied For
21	Same	26	5 Ame	•			65-0817938 · Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
22 City & State		(4)	City & State	<u></u>			6. Election Campaign Financing S5.00 May Be
23	Same	28	Sa	ne			Trust Fund Contribution Added to Fees
Zip	Country		Zip	Count	try		8. This corporation owes the current year Intangible
24	25	29	30)			Personal Property Tax.
	9. Name and Address of Current	Regi	stered Agent				10. Name and Address of New Registered Agent
				8	31	Name	
JOSEPH, ASHA						Ctroot Addro	nes (D.O. Roy Number is Not Acceptable)
10268 W. SAMPLE ROAD					82 Street Address (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33065					83		
	•			8	34	City	FI 85 Zip Code
office or re	to the provisions of Sections of Newscore gistered agent, or both, in the State o m familiar with, and accept the obligati Signature, typed or printed name of registered agent	f Flori ons o	ida. Such change was auth f, Section 607.0505, Florida	orized to a Statute	oy t es.	the corporation	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE			☐ Change ☐ Additi
NAME	JOSEPH, ASHA			1.2 NAME			
STREET ADDRESS	AAA AAA TEEDAACE		1.3 STREET ADDRESS		AODRESS		
	MODELL AMPERDALE EL 00000			1.4 City-St-ZiP			
CITY-ST-ZIP	D DELETE		2.1 TITLE		-211	☐ Change ☐ Additi	
NAME	JOSEPH, RODNEY S		2.2 NAME				
	312 S.W. 77TH TERRACE					ADDDEGG	
STREET ADDRESS	NORTH LAUDERDALE FL 33068			2.3 STREET ADDRESS 2. 4 CITY+ST+ZIP			•
CITY-ST-ZIP	NUMIN LAUDENDALE PE 33000		DELETE	2. 4 CITY 3.1 TITUE	_	I-ZIP	→ Change Additi
TITLE -			· E DECERC	3.2 NAM		1	
NAME	٠٠					4000000	
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TITLE			☐ DELETE	4.1 1111			□ Change □ Audub
NAME	<i>*</i> .			4. 2 NAN		1	4
STREET ADDRESS	·					ADDRESS	
CITY-ST-ŽIP	·			4.4 CITY		-ZIP	
) TITLE	\			5.1 TITLE	F	1	☐ Change ☐ Additi

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 of 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.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Addition

Change