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

P**R**OFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S76422

(2)

AHT ENTERPRISES, INC.

FILED May 04 1998 8:00am Secretary of State



				!!					
Principal Place of Business Mailing Address \$817 FUNSTON STREET \$817 FUNSTON STREET					BL:A:4 :11 (821) 41111 41616 4151		11 019 11 0 1011 0 10	((, M) b () (M ()	
5817 FUNSTO									
HOLLYWOOD FL 33023 HOLLYWOOD FL 33023					DO NOT WRITE IN THIS SPACE				
				3. Date	ncorporated or Qualifie		0.1.02		٦
					28/1991				
	ace of Business	2a. Mailing Address		4, FEI N	umber		Ar	oplied For]
21 1021	N. DIXIE HWY	26 /02/ N. (DIXIP HWY	∕ 65	-0 280342		No.	ot Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	• ,	,	cate of Status Desired		\$8.75		
22		27					Fee Re		4
	1710417 1-1	28 Hullyndell	FL		on Campaign Financing Fund Contribution		\$5.00 Added t		
Zip 33 0	09 Country 25 USA	29 33009 30	Country USA	l l	orporation owes or has nat Property Tax due Ju			langible] No	
	g, Name and Address of Current	Registered Agent		10. Name	and Address of New	Registered	Agent]
	itarus, Louis S.	81 Name						ļ	
T	17 FUNSTON STREET	82 Street	Address (P.O. Bo	x Number is Not Accep	table)			1	
HC	OLLYWOOD FL 33023	102	N.	Zixic Huy	· · ·			1	
			83		· /				
			84 CVY	11 . 10			85 Zip.4	Code	1
	40	1007.1500.51	1 174	11 andale	 	FL		5009	1
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	r and 607.1508, Florida Statutes, of Florida. Such change was aut	the above-named horized by the corp	corporation submoration's board o	nts this statement for the of directors. I hereby acc	e purpose o cept the app	it changing it: pointment as	is registered registered	
agent. La	m fam iliar with, and accept the obliga	tions of, Section 607.0505, Floric	a Statutes.	^	•			_	
SIGNATURE	Signature, typed or printed name of registered agos	UP LO	legistered Agent signature	NUS	od!	DATE			
12.	OFFICERS AND		13.		ONS/CHANGES TO OF		DIRECTOR	RS IN 12	١
TITLE	PD	DELETÉ .	1.1 TITLE				Change	☐ Addition	19
NAME	Natarus, Robert A.		1.2 NAME	1021 41	Nivia Hide				2
STREET ADDRESS	5817 FUNSTON STREET		1.3 STREET ADDRESS	1001 10.	DIAIL III				١٤
CITY-ST-ZIP	HOLLYWOOD FL 33023		1.4 CITY-SY-ZIP	Hallanda	Dixle Hwy le, FL 32	5009			ទី
TITLE	VO	☐ DELETE	2.1 TITLE				Change Change	Addition	٦
NAME	NATARUS, LOUIS S.		2.2 NAME	1027	Nivio Hose				1
STREET ADDRESS	\$817 FUNSTON STREET		2.3 STHEET ADDRESS	1021 N.	DixiP Hwy 1c, FL 330				1
CITY-ST-ZIP	HOLLYWOOD FL 33023		2.4 CITY-ST-ZIP	Hullanda	11, FL 330	01	 -		1
TITLE	•	☐ DELET E	3.1 TrTLE		·		Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP		Driete	3.4. CITY-ST-ZIP				Change	A delition	-
TITLE		☐ DELETE	4.1 THILE				Change	Addition	
NAME			4. 2 NAME						l
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE				Change	Addition	┨
NAME			5.2 NAME				4.00 BA	/ Marrison	
STREET ADDRESS			5.3 STREET ADDRESS						i
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE				Change	Addition	1
NAME		·	6.2 NAME				_ _ - •		1
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP	?	'	6.4 CITY-ST-ZIP						1
	ertify that the information supplied wit	h this filing does not qualify for t		d in Section 119.	07(3)(i), Florida Statutes	. I further ce	artify that the	information	1

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.

MONATURE