

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90030 048 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # V27172

1. Corporation Name
A H A # 1 ENTERPRISES, INC.

| | |
|------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business 477 E HWY 50 CLERMONT FL 34711 | Mailing Address 477 E. HWY 50 CLEARMONT FL 34711 US |
|------------------------------------------------------------------|--------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

| | | |
|-------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 04/08/1992 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 59-3121114 Applied For Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 Zip Country | 28 Zip Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | 25 | 29 |
| 24 Zip | 25 Country | 29 Zip |
| 24 | 25 | 30 Country |
| 9. Name and Address of Current Registered Agent | | 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

PATEL, JITENDRA P.
97 SUNNYSIDE DR
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name **N/A**

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

83

84 City **N/A** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------------------|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | PATEL, KAILESHBEN J |
| STREET ADDRESS | 477 E. HWY. 50 |
| CITY-ST-ZIP | CLERMONT FL 32711 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: K. J. Patel DATE: Mar 14, 1999 DAYTIME PHONE #: 352-394-7454

CR2E034 (11/98)