

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 30 1998 8:00am
Secretary of State

0013624

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750137

(2)

1. Corporation Name

SIKH SOCIETY OF FLORIDA, INC.

Principal Place of Business

16000 SW 60TH STREET
FT. LAUDERDALE FL 33331

Mailing Address

16000 SW 60TH STREET
FT. LAUDERDALE FL 33331

3. Date Incorporated or Qualified

02/11/1979

4. FEI Number

59-1949144

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

7. Is this nonprofit corporation a homeowners' association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MATTU, BALDEV S.
22965 OLD INLET BRIDGE DRIVE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

MATTU, BALDEV S.

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

22965 OLD INLET BRIDGE DRIVE

83

84 City

BOCA RATON

FL

85 Zip Code

33433

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

B S Mattu

(BALDEV S. MATTU)

7/20/98

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	SINGH, SATNAM	
STREET ADDRESS	14823 SW 74 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SELHI, HARINDER SINGH	
STREET ADDRESS	19827 BOCA GREENS DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SINGH, SURINDER	
STREET ADDRESS	8811 NW 24TH STREET	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	TUNG, JAGPAL SINGH	
STREET ADDRESS	16250 NW 19 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MATTU, BALDEV S	
STREET ADDRESS	22965 OLD INLET BRIDGE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SELHI, HARINDER SINGH	
1.3 STREET ADDRESS	19827 BOCA GREENS DR.	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33438	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SINGH, DARSHAN	
2.3 STREET ADDRESS	8580 SW 126 TERR.	
2.4 CITY-ST-ZIP	MIAMI, FL 33156	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TUNG, JAGPAL SINGH	
4.3 STREET ADDRESS	16250 NW 19 ST.	
4.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MATTU, BALDEV S.	
5.3 STREET ADDRESS	22965 OLD INLET BRIDGE DR.	
5.4 CITY-ST-ZIP	BOCA RATON FL 33433	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

B S Mattu

- BALDEV SINGH MATTU

7/20/98

5619556640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)