

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H10151 (9)
1. Corporation Name
BABU INVESTMENTS INCORPORATED



Principal Place of Business % STEPHEN L. MILLER 2203 US 27 NORTH LAKE PLACID FL 33852	Mailing Address % STEPHEN L. MILLER 2203 US 27 NORTH LAKE PLACID FL 33852-6023
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3. Date Incorporated or Qualified 06/26/1984	3a. Date of Last Report 03/21/1996
4. FEI Number 59-2432527	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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
MILLER, STEPHEN L.
2203 US 27 NORTH
LAKE PLACID FL 33852

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

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

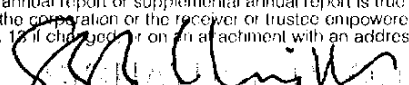
12. OFFICERS AND DIRECTORS

TITLE	PD	MAHAL, N. S.	☐ DELETE
NAME			
STREET ADDRESS	2203 US 27 NORTH		
CITY-ST-ZIP	LAKE PLACID FL		
TITLE	S	MILLER, STEPHEN L.	☐ DELETE
NAME			
STREET ADDRESS	2203 US 27 NORTH		
CITY-ST-ZIP	LAKE PLACID FL		
TITLE	TD	MAHAL, G. S.	☐ DELETE
NAME			
STREET ADDRESS	2203 US 27 NORTH		
CITY-ST-ZIP	LAKE PLACID FL		
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 checked or on an attachment with an address

SIGNATURE:  SECRETARY 3/1/97 941-465-1234

CR2E034 (9/96)