

2-27-97 B-2399 C

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

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Feb 27 1997 8:00am  
Secretary of State



PROFIT CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K69199** (3)  
1. Corporation Name  
**INDUS INVESTMENTS, INC.**



Principal Place of Business: % KAMLESH PATEL, 4486 N. SUNCOAST BLVD., CRYSTAL RIVER FL 34429, US  
Mailing Address: % KAMLESH PATEL, 4486 N. SUNCOAST BLVD., CRYSTAL RIVER FL 34428-6368, US

3. Date Incorporated or Qualified: 02/27/1989  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24):  
2a. Mailing Address (26-30):  
21-24: Suite, Apt #, etc; City & State; Zip; Country  
26-30: Suite, Apt #, etc; City & State; Zip; Country

4. FEI Number: 33-6645287  
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

9. Name and Address of Current Registered Agent  
**PATEL, KAMLESH  
3475 S SUNCOAST BLVD  
HOMOSASSA SPRINGS FL 32647**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	DESAI, PARESH	1.2 NAME	
STREET ADDRESS	3475 S SUNCOAST BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOMOSASSA SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	D [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	POTU, PRASAD	2.2 NAME	
STREET ADDRESS	700 SE 5TH TER	2.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL RIVER FL	2.4 CITY - ST - ZIP	
TITLE	D [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	SHUKLA, MANOJ	3.2 NAME	
STREET ADDRESS	9030 W FOR ISLAND TRAIL	3.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL RIVER FL	3.4 CITY - ST - ZIP	
TITLE	D [ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	IYER, HARI	4.2 NAME	
STREET ADDRESS	3475 S SUNCOAST BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOMOSASSA SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE	D [ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	PATEL, KAMLESH	5.2 NAME	
STREET ADDRESS	P.O. BOX 3087, N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOMOSASSA SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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CITY - ST - ZIP		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 changed, or on an attachment with an address.

SIGNATURE: *Kamlesh Patel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 4<sup>th</sup> '97 (352) 795-2111  
Date Daytime Phone #

CR2E034 (9/96)