

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90045 044 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K69199**  
 1. Corporation Name  
**INDUS INVESTMENTS, INC.**

Principal Place of Business % KAMLESH PATEL 4486 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34429 US	Mailing Address 2380 NW US-19 4486 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34428 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/27/1989</b>	4. FEI Number <b>33-6645287</b>	Applied For <input type="checkbox"/> Not Applicable
21	26 <b>2380 NW US-19</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>CRYSTAL RIVER.</b>	22	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 City & State	27 <b>FL.</b>	28	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	29 <b>34428</b>	30 <b>US.</b>		

9. Name and Address of Current Registered Agent  <b>PATEL, KAMLESH</b> <b>3475 S SUNCOAST BLVD</b> <b>HOMOSASSA SPRINGS FL 32647</b>	10. Name and Address of New Registered Agent 81 Name <b>PATEL KAMLESH N.</b> 82 Street Address (P.O. Bpx Number is Not Acceptable) <b>3921 N. SEMINOLE PT.</b> 83 <b>CRYSTAL RIVER.</b> 84 City <b>FL</b> 85 Zip Code <b>34428.</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESAI, PARESH</b>	1.2 NAME	
STREET ADDRESS	<b>3475 S SUNCOAST BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMOSASSA SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTU, PRASAD</b>	2.2 NAME	
STREET ADDRESS	<b>700 SE 5TH TER</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHUKLA, MANOJ</b>	3.2 NAME	
STREET ADDRESS	<b>9030 W FOR ISLAND TRAIL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IYER, HARI</b>	4.2 NAME	
STREET ADDRESS	<b>3475 S SUNCOAST BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMOSASSA SPRINGS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATEL, KAMLESH</b>	5.2 NAME	
STREET ADDRESS	<b>P.O. BOX 3087, N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMOSASSA SPRINGS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Kamlesh N. Patel. 01-06-99 (352) 795 2111  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)