

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
CORPORATION DIVISION  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K71812** (7)

1. Corporation Name:  
**SHAH BROS. INC.**

Principal Place of Business Mailing Address  
**7319 INDRIO ROAD 7319 INDRIO ROAD**  
**FT PIERCE FL 34951 FT PIERCE FL 34951**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/07/1989** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2939470** 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 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  
**SHAH, NITIN C.**  
**4101 OKEECHOBEE ROAD**  
**FT. PIERCE FL 34947**

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 607.0201 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

101	<b>D</b>
NAME	<b>SHAH, NITIN C.</b>
STREET ADDRESS	<b>4101 OKEECHOBEE RD</b>
CITY, STATE, ZIP	<b>FT. PIERCE FL</b>
102	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
103	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
104	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
105	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

111	<input type="checkbox"/> Change <input type="checkbox"/> Addition
112 NAME	
113 STREET ADDRESS	
114 CITY, STATE, ZIP	
115	<input type="checkbox"/> Change <input type="checkbox"/> Addition
116 NAME	
117 STREET ADDRESS	
118 CITY, STATE, ZIP	
119	<input type="checkbox"/> Change <input type="checkbox"/> Addition
120 NAME	
121 STREET ADDRESS	
122 CITY, STATE, ZIP	
123	<input type="checkbox"/> Change <input type="checkbox"/> Addition
124 NAME	
125 STREET ADDRESS	
126 CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(1)(b), Florida Statutes. I further certify that the information included 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 in the state. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 143, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *N. Shah*  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/28/95  
Date Registrar's Use Only