

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000003069 (2)**  
1. Corporation Name  
**JAIN SOCIETY OF CENTRAL FLORIDA, INC.**



Principal Place of Business		Mailing Address	
1688 GRANGE CIR LONGWOOD FL 32750 13605 KIRBY SMITH RD. ORLANDO FL. 32832.		RAJENDRA MEHTA 1688 GRANGE CIR LONGWOOD FL-32750 US	
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	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified	07/02/1993
4. FEI Number	59-3197501
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PRABODH C. PATEL, P.A.**  
815 ORIENTA AVE  
SUITE 6  
ALTAMONTE SPRINGS FL 32701

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 617.0007 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: *Kamlesh Shah* **KAMLESH SHAH.** DATE: **3-28-98.**

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	DELIWALA, BHUPENDRA H	
STREET ADDRESS	563 W PALM VALLEY DR	
CITY-ST-ZIP	OVIDEO FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	DOSHI VIRAL	
STREET ADDRESS	9041 MONTEVELLO CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DPC	<input checked="" type="checkbox"/> DELETE
NAME	KOTADIA, JITENDRA	
STREET ADDRESS	P.O. BOX 690246	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SHAH, CHUNDRAKANT	
STREET ADDRESS	660 CAYUGA CT.	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SHAH, DHARMISTA	
STREET ADDRESS	582 RIDGELINE RUN	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SHAH B. HARATI	
STREET ADDRESS	1010 RELECTION APT. #109	
CITY-ST-ZIP	CASSELBERRY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KAMLESH SHAH.	
1.3 STREET ADDRESS	13605 KIRBY SMITH RD.	
1.4 CITY-ST-ZIP	ORLANDO FL. 32832.	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANJAY VORA.	
2.3 STREET ADDRESS	7649 BELVOIR DR.	
2.4 CITY-ST-ZIP	ORLANDO FL. 32835.	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUSHMA LUNAVAT.	
3.3 STREET ADDRESS	5426 LK. MARGERATE DR # 1101.	
3.4 CITY-ST-ZIP	ORLANDO FL. 32812.	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KISHORE TOLIA	
6.3 STREET ADDRESS	721 BEAR CREEK CIR.	
6.4 CITY-ST-ZIP	WINTER SPRING FL. 32708.	

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: *[Signature]* DATE: **4-30-98.** **407-957-4557.**

CF2E037 (10/97)