

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000004714 (0)

1. Corporation Name

PUNJABI SANGH OF FLORIDA, INC.



Principal Place of Business

Mailing Address

931 STATE RD. 434, SUITE 331  
ALTAMONTE SPRINGS FL 32714

931 STATE RD. 434, SUITE 331  
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

09/29/1995

3a. Date of Last Report

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

4. FEI Number

59-3343735

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAHL, RAVINDER K  
931 STATE RD. 434, SUITE 331  
ALTAMONTE SPRINGS FL 32714

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 617.0502 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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P

MEHTA, VIKRAM P

931 STATE RD. 434, SUITE 331  
ALTAMONTE SPRINGS FL 32714

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S

BAHL, RAVINDER K

931 STATE RD. 434, SUITE 331  
ALTAMONTE SPRINGS FL 32714

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T

KHANNA, MALA

931 STATE RD. 434, SUITE 331  
ALTAMONTE SPRINGS FL 32714

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

D MR. DEV SHARMA

Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

D MR. SHUBDEY SHARMA  
1540 MILLTENNIS LANE,  
LONGWOOD FL-32779

Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

D MR. VIJAY LUTHRA  
2811 CITRON DRIVE,  
LONGWOOD FL-32779

Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

D MRS. SANTOSH MATHUR  
5720 ARGOSI COURT  
ORLANDO FL-32819

Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, in an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIKRAM MEHTA

407-767-5351

SG 3-26-96

CR2E037 (12/95)