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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000007147

1. Corporation Name

SANATAN MANDIR OF FLORIDA, INC.

Principal Place of Business

2401 BELAIR CR
KISSIMMEE FL 34743

Mailing Address

2401 BELAIR CR
KISSIMMEE FL 34743



2. Principal Place of Business

21 1225 Abberton Dr
Suite, Apt. #, etc.

City & State

23 Orlando

Zip 24 32837
Country 25 USA

2a. Mailing Address

26 2401 Belair Cr
Suite, Apt. #, etc.

City & State

28 Kissimmee, FL

Zip 29 34743
Country 30 U.S.A

3. Date Incorporated or Qualified

12/22/1997

4. FEI Number
APPLIED FOR

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

9. Name and Address of Current Registered Agent

SINGH, SUSHEILA
2401 BELAIR CR
KISSIMMEE FL 34743

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 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 Susheila Singh

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/25/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME MATHUR, ARTUNE
STREET ADDRESS 8005 OAKLAND PL
CITY-ST-ZIP ORLANDO FL 3819

TITLE D
NAME SUSHEIGH, SING
STREET ADDRESS 2401 PLAIN CIR
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE D
NAME SARABTERT, ANITA
STREET ADDRESS 185 CARROL REEF CR
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE S
NAME RAMCHARRAN, RAMSARRAN
STREET ADDRESS 1695 LEE RD, APT D-113
CITY-ST-ZIP WINTER PARK FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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, with all other like empowered.

SIGNATURE: Susheila Singh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

Date

407-346-0216

Daytime Phone #

CR2E037 (1/98)