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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000000915

1. Corporation Name
TELUGU ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
13509 LAKE MAGDALENE DRIVE TAMPA FL 33613	13509 LAKE MAGDALENE DRIVE TAMPA FL 33613

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 121; WAY FOREST DRIVE	26 121; WAY FOREST DRIVE	03/29/1998
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number ☐ Applied For ☑ Not Applicable
23 City & State: VENICE. FL	28 City & State: VENICE. FL	5. Certifcate of Status Desired ☑ $8.75 Additional Fee Required
24 Zip: 34292 25 Country: USA	29 Zip: 34292 30 Country: USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAO, A.N.V. DR. 13509 LAKE MAGDALENE DRIVE TAMPA FL 33613	81 Name: MOHANA RAO, GUDAPATI RAMA. DR. 82 Street Address (P.O. Box Number is Not Acceptable): 121. WAY FOREST DRIVE 83 84 City: VENICE. FL 85 Zip Code: 34292

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] (PRESIDENT) DATE: 5-22-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	RAO, A.N.V. DR.		1.2 NAME	MOHANA RAO. GUDAPATI RAMA. DR	
STREET ADDRESS	13509 LAKE MAGDALENE DRIVE		1.3 STREET ADDRESS	121; WAY FOREST DR.	
CITY-ST-ZIP	TAMPA FL 33613		1.4 CITY-ST-ZIP	VENICE. FL-34292.	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	MOHANA RAO, GUDAPATI RAMA DR.		2.2 NAME	NARAYAN, JANAKI. DV.	
STREET ADDRESS	6649 MARINA POINT VILLAGE CT., #108		2.3 STREET ADDRESS	2440. KENT PLACE	
CITY-ST-ZIP	TAMPA FL 33635		2.4 CITY-ST-ZIP	CLEARWATER. FL-33764.	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	NARAYAN, JANAKI DR.		3.2 NAME	YALLA, MURTY. DV	
STREET ADDRESS	2440 KENT PLACE		3.3 STREET ADDRESS	9625; 121 ST- NORTH.	
CITY-ST-ZIP	CLEARWATER FL 33764		3.4 CITY-ST-ZIP	SEMINOLE. FL-33772	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	REDDY, K. VEERA		4.2 NAME	MADHAVI. KOTHA	
STREET ADDRESS	2138 BELL CHEER DRIVE		4.3 STREET ADDRESS	8730. ASHWORTH Dr. HUNTERS GREEN	
CITY-ST-ZIP	CLEARWATER FL 33764		4.4 CITY-ST-ZIP	TAMPA. FL- 33647	
TITLE	D	☐ DELETE	5.1 TITLE	JSD (JOINT SECRETARY)	☑ Change ☐ Addition
NAME	YALLA, MURTY DR.		5.2 NAME	REDDY, K. VEERA.	
STREET ADDRESS	9625 121ST STREET, NORTH		5.3 STREET ADDRESS	2138. BELL CHEER DRIVE	
CITY-ST-ZIP	SEMONOLE FL 33772		5.4 CITY-ST-ZIP	CLEARWATER. FL-33764	
TITLE	D	☐ DELETE	6.1 TITLE	JTD (JOINT TREASURER)	☑ Change ☐ Addition
NAME	REDDY, K L DR.		6.2 NAME	REDDY, K. L. DR.	
STREET ADDRESS	7309 5TH AVENUE, N.W.		6.3 STREET ADDRESS	7309; 5TH AVE N. W.	
CITY-ST-ZIP	BRADENTON FL 34209		6.4 CITY-ST-ZIP	BRADENTON. FL-34209	

CR2E037 (11/98)

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: ~~SIGNATURE REQUIRED~~ 5-22-99 (941) 483-1944.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #