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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N98000004805

1. Corporation Name

SRIGANDHA KANNADA KOOKA OF FLORIDA, INC.

Principal Place of Business

12134 COBBLESTONE DR.
 HUDSON FL 34667

Mailing Address

12134 COBBLESTONE DR.
 HUDSON FL 34667



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

3. Date Incorporated or Qualified

08/19/1998

4. FEI Number

59-3527606

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

RAMAPPA, RENUKA
 12134 COBBLESTONE DR.
 HUDSON FL 34667

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

3/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME RENUKA RAMAPPA
 STREET ADDRESS 12134, COBBLESTONE DR.
 CITY-ST-ZIP HUDSON FL 34667

TITLE DELETE

NAME INDIRA SASTRY
 STREET ADDRESS 5003, E. LONG BOAT BLVD
 CITY-ST-ZIP TAMPA, FL 33615

TITLE DELETE

NAME KESHAVA H. BABU
 STREET ADDRESS 1921, COG MEADOWS CIR. # 307
 CITY-ST-ZIP BRANDON, FL - 33511

TITLE DELETE

NAME RAGINI-DHAR-MAPPA
 STREET ADDRESS 5137, NW 109TH TERRACE
 CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE DELETE

NAME SUDHEENDRA PRAHALADAN
 STREET ADDRESS 8007-B, HIDDEN RIVER DRIVE
 CITY-ST-ZIP TAMPA, FL 33617

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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:

[Handwritten Signature]
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/99

Date

813-874-6553

Daytime Phone #

CR2E037 (11/98)

0071668