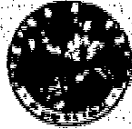


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10: 06

DOCUMENT # P94000061138 (1)

1. Corporation Name
MEHTAS BROS., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**1035 ELK WAY
OLDSMAR FL 34677**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/19/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
22 9022 US 19N		27		59-3262465	Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 PORT RICHEY, FL		28		<input type="checkbox"/>	
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 34668	25 U.S.A.	29		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

B1 Name **JAGDIP MEHTA**
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 **1035 ELKWAY**
B4 City **OLDSMAR** FL B5 Zip Code **34677**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Jagdip Mehta* **JAGDIP MEHTA** DATE **4-28-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHTA, JAGDEEP D	1.2 NAME	MEHTA JAGDIP D.
STREET ADDRESS	1035 ELK WAY	1.3 STREET ADDRESS	1035 ELKWAY
CITY - ST - ZIP	OLDSMAR FL 34677	1.4 CITY - ST - ZIP	OLDSMAR, FL 34677
TITLE		2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	MEHTA MAYUR J.
STREET ADDRESS		2.3 STREET ADDRESS	1035 ELKWAY
CITY - ST - ZIP		2.4 CITY - ST - ZIP	OLDSMAR, FL. 34677
TITLE		3.1 TITLE	VICE - PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MEHTA HEMA J.
STREET ADDRESS		3.3 STREET ADDRESS	1035 ELKWAY
CITY - ST - ZIP		3.4 CITY - ST - ZIP	OLDSMAR, FL. 34677
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jagdip Mehta* **JAGDIP MEHTA MANAGER** DATE **4/28/95** 813-849-6225