

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000061138 (1)**

1. Corporation Name
MEHTAS BROS., INC.



Principal Place of Business 9022 US 18 NORTH PCRT RICHEY FL 34668 US	Mailing Address 1035 ELK WAY OLDSMAR FL 34877-6316
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3. Date Incorporated or Qualified 08/19/1994	3a. Date of Last Report 06/25/1996
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2. Principal Place of Business 21 Suite, Apt. # etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 59-3262465	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MEHTA, JAGDIP 1035 ELKWAY OLDSMAR FL 34877		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT, SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEHTA, JAGDIP D.	1.2 NAME	MEHTA, JAGDIP D.
STREET ADDRESS	1035 ELK WAY	1.3 STREET ADDRESS	1035 ELK WAY
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHTA, MAYUR J.	2.2 NAME	MEHTA, MAYUR J.
STREET ADDRESS	1035 ELK WAY	2.3 STREET ADDRESS	1035 ELK WAY
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT, TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHTA, HEMA J.	3.2 NAME	MEHTA HEMA, J.
STREET ADDRESS	1035 ELKWAY	3.3 STREET ADDRESS	1035 ELKWAY
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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** 4-7-97, 849-6225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)