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**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 07 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  B70 E SEMORAN BLVD CASSELBERRY FL 32707  PS SEMORAN BLVD CASSELBERRY FL 32707-5302										
							3. Date Incorporated or Qualified 01/11/1995	1	te of Last f <b>29/1996</b>	•
2. Principal	Place of Business	· · · · · · · · · · · · · · · · · · ·	2a. 1	Mailing Address	******		4. FEI Number 59-3320205		I A	pplied For of Applicable
Suite Ap	ot. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
City & St.	ate		27	Dity & State	. <u>, , , , , , , , , , , , , , , , , , ,</u>		6. Election Campaign Financing			equired May Be
3			28	,			Trust Fund Contribution			to Fees
Zip	∳~·	intry	}	Žip	Cou	ntry	8. This corporation has liability for			s. <b>19</b> 9.032,
4	9. Name and Ad	dress of Currer	29 nt Registe	red Agent	30		Florida Statutes  10. Name and Address of New R	Yes [		
TF	RIVEDI, DHARA A					81 Name	······································	· · · · · · · · · · · · · · · · · · ·	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
220 CHEROKEE CT #106 ALTAMONTE SPRINGS FL 32701					į	82 Street Add	dress (P.O. Box Number is Not Accepta	able)	· · · · · · · · · · · · · · · · · · ·	
						83	المارية			
A	LIAMONIE SPINIO	O FL OZIVI				84 City	· .	··	Test 7:-	O- de
						- 7		FL	11	Code
agent 1	l ani familiar with, and	accept the oblig	e of Florida pations of, l	i. Such change w Section 607.0505	as authorized , Florida Stat	by the corpora utes.	rporation submits this statement for the ation's board of directors. I hereby according	ept the app	pintment as	s registered
SIGNATURE	Stance no type of or printed		eni and title if	applicable. (	NOTE Registered	i Agent signature requ	ured when reinstaling)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
SIGNATURE	Stiple the bysed or profited	OFFICERS AN	eni and title if	applicable.	(NOTE Registered 13.	Agent signature requ	uired when reinstaling)	DATE		
SIGNATURE  12.  TILLE  NAME	PD TRIVEDI, DHAR 220 CHEROKEI	OFFICERS AN  A A  E CT #106	ent and title if a	applicable. (	(NOTE Registered 13. 1.1 Til	Agent signature requ	uired when reinstaling)	DATE	DIRECTO	RS IN 12
SIGNATURE  12. THE NAME STREET ADDRESS CHY-ST-749	PD TRIVEDI, DHAR 220 CHEROKEI ALTAMONTE S	OFFICERS AN  A A  E CT #106	ent and title if a	applicable. ORS DELETE	(NOTE Flagislaret 13. 1.1 Til 1.2 NA 13 ST 1.4 CI	I Agent a gnature require LE IME REET ADDRESS IY-ST-ZIP	uired when reinstaling)	DATE	DIRECTO Change	RS IN 12
SIGNATURE  12. TILE NAME STRELLAIDHES: GHY-SI-7P LILE	PD TRIVEDI, DHAR 220 CHEROKEI ALTAMONTE S	OFFICERS AN  A A  E CT #106  PRINGS FL 32	ent and title if a	applicable. (	(NOTE Registered 13. 1.1 Til 1.2 Ni 1.3 ST 1.4 Ci 2.1 Til	Agent signature requires LE LME AREET ADDRESS IY-ST-ZIP LE	uired when reinstaling)	DATE	DIRECTO	RS IN 12
SIGNATURE  12.  TILE  NAME  STRELLADDRESS  GHY-SI-79  LILE  NAME	PD TRIVEDI, DHAR 220 CHEROKEI ALTAMONTE S S MEHTA, MANH	OFFICERS AN  A A  E CT #106  PRINGS FL 32  AR	ent and title if a	applicable. ORS DELETE	NOTE Registered  13. 1.1 Til 12 N 13 ST 14 CI 2.1 Til 22 N	Agent signature required.  LE  ME  ABERT ADDRESS  IY-ST-ZIP  LE  ME	uired when reinstaling)	DATE	DIRECTO Change	RS IN 12
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SIGNATURE  12. TILL!  NAME  STRELL ADDRESS  GITY-ST-7P  T.TLE  NAME  STRELL ADDRESS  GITY-ST-ZIP  TITLE	PD TRIVEDI, DHAR 220 CHEROKEI ALTAMONTE S S MEHTA, MANH 220 CHEROKEI	OFFICERS AN  A A  E CT #106  PRINGS FL 32  AR  E CT #106	P701	applicable. ORS DELETE	NOTE Registered  13. 1.1 Til 12 N/ 13 ST 1.4 Ci 21 Til 22 N/ 23 ST 2.4 C 3.1 Ti	Agent signature requires  LE  ME  ABET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP	uired when reinstaling)	DATE	DIRECTO Change	RS IN 12
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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:

SIGNATURE REQUIRED