SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)						
COF ANNI	PROFIT RPORATION JAL REPO 1996	V G	FLORIDA DEPART Sandra B Secretary DIVISION OF CO	MENT OF STATE Mortham y of State		
DOCUMENT # P95000031987 (7)						
KASH	I, INC. OF	CENTRAL FLORI	DA		I ARBURRA DIR IRRA BUMI RAMA ROMA R	
Principal Place of Business 2331 RIDGENEW DRIVE			Mailing Address			NII) BERGE MARI KIRIB IRIBI TREKI KRALI HARI
LAKELAND FL 33809		2331 RIDGEVIEW DRIVE LAKELAND FL 33809		3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principa! P	Place of Busines	35	2a. Mailing Address		04/24/1995 4. FEI Number 59 -33144-44	Applied For
Suite, Apt. 22 806	N. CH	4RCH AVE	Suite, Apt. #. etc. 27 806 N. Cir	lurch LVE.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 MULE Zip	BERRY,	FLORIBA Country	City & Stale 28 MULBERRY Zip	FLORIDA Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 338	9. Name ar			30 USA	This corporation has liability for in Florida Statutes Name and Address of New Rec	Yes No
PATEL, PRAFUL I 2331 RIDGEVIEW DRIVE				81 Name 82 Street Addre	ess (PO. Box Number is Not Acceptabl	e)
U	akeland fl	33809		83 84 City		
11. Pursuant office or re	to the provision	s of Sections 607.0503 I, or both, in the State o	2 and 607 1508, Florida Statutes of Florida Such change was aut	- "	oration submits this statement for the puint's board of directors. I heroby accept	FL 85 Zip Code
agent Fai		printed name of registered agen	cand title d'applie able (NOTE	da Statutes Registered Agent signature require		DAFE
12.	PVSD	OFFICERS AND	DIRECTORS DELETE	13. 11 TITLE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 (S) Change Addition
NAME	Patel, e	HAMINI P		1.2 NAME		ERS AND DIRECTORS IN 12 (96 %) Programme (1) Addition (9) Programme (1) Addition (9) Programme (1) P
STREET ADDRESS CITY - ST - ZIP	_	Geview Drive ID FL 33809		1.3 STREET ADDRESS 1.4 CITY - ST-ZIP		ZEO
TITLE		<u>10 1 2 00000</u>	DELETE	2 1 TITLE		Change Addition
NAME				2.2 NAME		
STREET ADDRESS CITY-ST-ZIP				2 3 STREET ADDRESS 2 4 C/TY - ST - Z/P		
TITLE			DELETE	3.1 Tift.E		Change Addition
NAME STOLET ADDOSES				3.2 NAME		
STREET ADDRESS CITY-ST-ZIP				3 3 STREET ADDRESS 3 4 CITY-ST-ZIP		
TITLE			DELETE	4 1 TITLE		Change Addition
NAME STREET ADORESS				4 2 NAME		
CITY-ST-ZIP				4 3 STREET ADDRESS 4 4 CITY - ST - ZIP		
TITLE			DELETE	5 1 TIFLE		Change Addition
NAME				5 2 NAME		
STREET ADDRESS CITY-ST-ZIP				5 3 STREET ADDRESS 5 4 CHY-ST-ZIP		
TITLE			DELETE	6 1 TITLE		Change Addition
NAME CIRCEL ADDOGGO				6 2 NAME		
STREET ADDRESS CITY+ST-ZIP				6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14. I do hereb	by certify that the	e information supplied	with this filing is voluntarily furni	shed and does not qualif	y for the exemption stated in Section 11 nd accurate and that my signature shall	9.07(3)(k). Florida Statutes T
made ond	ier oain, mai ra	im an enicer er director	r of the corporation or the receive changed, or on an attachment v	er or trustee empowered.	nd accurate and that my signature shall to execute this report as required by Cr	nave the same legal effect as if hapter 617, Florida Statutes; and
SIGNATURE: OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6/25/96 941-425-5370						