

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90074 010 ***150.00

DOCUMENT # P95000048531

1. Corporation Name
KANTA, INC.

Principal Place of Business
**441 HAINES ST.
JACKSONVILLE FL 32202**

Mailing Address
**441 HAINES ST.
JACKSONVILLE FL 32202**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1995

4. FEI Number

59-3330559

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

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**SHAH, JASHWANT
441 HAINES ST.
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name **LEPRELL SAMUEL.**

82 Street Address (P.O. Box Number is Not Acceptable)

SUITE 201 ST. MARY'S PLACE

83 **1930 SAN MARCO BULD.**

84 City **JACKSONVILLE**

85 Zip Code
FL 32207

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SHAH, JASHWANT**
STREET ADDRESS **441 HAINES ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☒ DELETE
NAME **P PATEL, DINESH T.**
STREET ADDRESS **4141 PHILLIPS HWY**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ DELETE
NAME **D PATEL, VIJAY D.**
STREET ADDRESS **10823 WAHINE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ DELETE
NAME **D MOTIWALA, BHADRESH A.**
STREET ADDRESS **7457 15TH 103RD STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D, P, S, T** ☒ 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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99

Date

353 8231

Daytime Phone #

CR2034-11/98