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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 28 1997 8:00am

Secretary of State

DOCUMENT # **P96000073195** (5)

VASUDE		Mallan			
		4132 N TAMIAMI TRAIL SARASOTA FL 34234-4318			
				08/29/1996	Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			65-0708214	Not Applicable	
22 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	6	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intaggil	ble tax under s. 199.032,
24	25	29 30	<u>ol</u>	Florida Statutes	☐ No
	9. Name and Address of Current	Hegistered Agent	B1 Name	10. Name and Address of New Registere	ed Agent
PAIEL, DIVIESTINOMAN N			Name		
4132 N TAMIAMI TRAIL SARASOTA FL 34234			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
OAR	4501A FL 34234		В3		
٠, ٢					
X	asket of		84 City	F	85 Zip Code
			the above-named corp		
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					
12.	Signature, typod or printed name of registered agent OFFICERS AND		agistored Agont signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE		DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	PD	UMAR 92-34234			
STREET ADDRESS	PATEL DIVYESKK	UMAR " "1739	1.3 STREET ADDRESS		
CITY-ST-ZIP	4182 N TAMTAM	ITRAIL SARASTO	. 1.4 CITY+S1+ZIP		
TITLE	V- PRESTEDGAT	DELETE	2 1 1 ITLF	V-10-10-10-10-10-10-10-10-10-10-10-10-10-	Change Addition
NAME	PATEL RAMESHE	HAT C	22 NAME		
STREET ADDRESS	,		23 STREET ADDRESS		
CITY-ST-ZIP	4132 N. TAMLAM	DELETE	2 4 CITY-ST-ZIP		
TITLE NAME		TT DETELE	31 TITLE		☐ Change ☐ Addition
STREET ADDRESS			32 NAME 33 STREET ADDRESS		
CITY-ST-ZIP			3 4. CHY-SI-ZIP		
TITLE		DELETE	41 1111		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			4.4 DITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Observe T 4 a rec
TITLE		☐ DELETE	61 THILE		Change Addition
NAME PARCET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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.