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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000073195 (5)

VASUDEV INC

Principal Place of Business	Mailing Address
4132 N TAMIAM! TRAIL	4132 N TAMIAMI TRAIL
SARASOTA FI 34234	SARASOTA FL 34234

FILED Apr 28 1998 8:00am Secretary of State



4132 N TAMIAMI TRAIL SARASOTA FL 34234						4132 N TAMIAMI TRAIL SARASOTA FL 34234												E IN TH	IS SPA	CE				
												1		ite incorp		or Qua	lified					1		
2. Principal Place of Business 2a. Mailing Addre								8	Commence of the second of the					06/29/1996 4. FEI Number						Applied For				
21		·					26							65-070	8214						ot Appl			
22 22	uite, Apt. i	#, etc.			27	Suite, Apt. #, etc.							5. Ce	rtificate d	of Statu	s Desi	ed		\$8.75 Additional Fee Required					
23	City & State	•		-	21	City & State						•	ection Ca ust Fund			cing		;		May E to Fee:				
	lip.											Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No										Э		
9. Name and Address of Current Registered Agent												10		me and					egA be	nt				
	PAT	rel, divye	SHKU	WAR R					81	ı	Name													
4132 N TAMIAMI TRAIL SARASOTA FL 34234											Street A	Address	(P.O.	Box Nur	nber is	Not Ac	cepta	ble)						
				•					83	63														
											City							F	L	5 Zip	Code			
11.	Pursuant t office or re agent. I ar	to the provisegistered ag m familiar w	sions of gent, or ith, and	Sections 607.0 both, in the St accept the ob	0502 and tate of Fic oligations	1607.1 orida. S of, Se	508, Florida Such change ection 607.05	Statutes, was auth 05, Florid	the aboverized by Statute	y t	named one	corporat coration's	tion su s boar	ubmits th rd of dire	is state ctors. I	ment fo hereb	or the y acce	purpose pt the a	of cha	anging ment as	its regis registe	stered ered		
SIG	NATURE .	Simpline hose	l or ovioled	name of registered	I spent and	title H enc	nlicable	(NOTE: Re	oistered Ac	ent	t skonature	required wh	hen rein:	stating)				DATE	Ē					
12.		Signature, typisc	2 Di Bunio	OFFICERS				(AGAL AG	13.	-				DITIONS/	CHANG	SES TO	OFFI			RECTO	RS IN 1	2		
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NAME	:	DIVYESHKUMAR, PATEL							1.2 NAME	1.2 NAME														
STREE	ET ADORESS			MI TRAIL		1				1.3 STREET ADDRESS														
-	ST-ZIP	SARAS	OTA FL	•			L l perc		1.4 CITY-	ST-	ZIP								····	Change	т.	ddilloo		
TITLE	1	PATEL, RAMESHBHAIS							2.1 TITLE										ш	Change	L '	ddition		
NAME	· .			MITRAIL					2.2 NAME 2.3 STREET ADDRESS															
	ET ADDRESS ST-ZIP	SARAS							2.4 CITY - ST - ZIP															
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NAME	:					3.21			3.2 NAME															
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	ET ADORESS								5.3 STREE															
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NAME									6.2 NAME		ł													
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	ST-ZIP								64 CITY-		•													

14. Thereby 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 roceiver 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:

PAMESHAILS, PAYE

4-16-98 (941)-359-0758

CR2E034 (10/97