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

Mailing Address

6329 STATE ROAD 54 NEW PORT RICHEY FL 34653

2a. Mailing Address

Suite, Apt. #, etc.

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 15, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

01/21/1997

59-3429716

4. FEI Number

02-15-1999 90028 009 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700006065

Principal Place of Business 6329 STATE ROAD 54

NEW PORT RICHEY FL 34653

2. Principal Place of Business

SIGNATURE:

Suite, Apt. #, etc.

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PORT RICHEY VILLAGE, INC.

¬ '		27				V. COMMODIC OF CHARLES 2 0 4 11 2 1		Fee Re	quirea
2			e			6. Election Campaign Financing		\$5.00	May Be
¬ ´						Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		Country	-	8. This corporation owes the curr	ent year Int	angible	
¬ '		29	30	1		Personal Property Tax.		Yes	□No
4	9. Name and Address of Currer					10. Name and Address of New I	Registered	Agent	
	9. Name and Address of Corre	it Kediatelen Härti		81	Name				
DHVI	LIWAL, GUWANT S.	* *							
6329 STATE ROAD 54 NEW PORT RICHEY FL 34653				82	82 Street Address (P.O. Box Number is Not Acceptable)				
				83					
MEAA	PURI RICHET PL 34033			03					
				84	City		- 4, + 1, - 1	85 Zip (	Code
							<u></u>	<u> </u>	<del></del>
office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga					oration submits this statement for the on's board of directors. I hereby acce	· · ·	ntment as re	gistered
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable.	(NOTE: Re	gistered Ager	nt signature require	ed when reinstating)	DATE		DO 111 40
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PTD		DELETE	1.1 TITLE		17 CL2010		Change	Addition
NAME	DHALIWAL, GUNWANT S		ï	1.2 NAME					
STREET ADDRESS	6329 STATE ROAD 54			1.3 STREE	T ADDRESS				
	NEW PORT RICHEY FL 34653			1.4 CITY-S	ST-ZIP				
CITY-ST-ZIP	VSD VSD		DELETÉ	2.1 TITLE	,,			Change	☐ Addition
TITLE		_		2.2 NAME					
NAME	DHALIWAL, TEJINDER K				T ADDRESS				
STREET ADDRESS	6329 STATE ROAD 54			1					
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		1 AC ETE	2.4 CITY-1	S1-ZIP			Change	☐ Addition
TITLE	·		DELETE	3.1 TITLE				_ ····· •	. –
NAME .	·			3.2 NAME					
STREET ADDRESS				3.3 STREE	T ADDRESS			1000年期	
CITY-ST-ZIP				3.4. CITY-1	ST-ZIP		<u> </u>	18 1 State 1	TARTE AND HER
TITLE			DELETE	4.1 TITLE				ः ा Change	Addition
NAME				4. 2 NAME	:				
STREET ADDRESS				4.3 STREE	T ADDRESS				
				4,4 CITY-5					
CITY-ST-ZIP			DELETE	5.1 TITLE				☐ Change	Addition
		_		5.2 NAME		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			,
NAME				5.3 STREE	ET ADDRESS				
STREET ADDRESS	1.13			5.4 CITY-5	ST-ZIP	9.005.005			
CITY-ST-ZIP			] DELETE	6.1 TITLE				☐ Change	Addition
TITLE		<u></u>	ש מבנניב	6.2 NAME				_ •	
NAME									·
STREET ADDRESS					ET ADORESS				
CITY-ST-ZIP				6.4 C/TY-	ST-ZIP		1 6 mth ac an	wife that the	Information
14. 1 hereby of indicated	certify that the information supplied v on this annual report or supplement director of the corporation or the rec or Block 13 if changed, or on an att	ai aililual report is ti	nowered to exe	crite this	report as red	Section 119.07(3)(i), Florida Statutes re shall have the same legal effect as uired by Chapter 607, Florida Statute	i further co if made uni s; and that i	der oath; that ny name app	I am an bears in