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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

V01085

(2)

DOCUMENT #
1. Corporation Name

M.C.	AND	JYOTI	SHAH,	INC.
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Principal Place o	of Business	Mailing Address				i jäfti fiifit fitifit tifit blift sain.	#111 #1#11 WIE11 1		
9359 US HWY PINELLAS PAR		9359 US HWY 19. NOR PINELLAS PARK FL 346							
, , , ,						3. Date Incorporated or Qualified 12/18/1991	3a. Date o	of Last Re 03/199	•
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number		h	Applied For
		26				65-0311224			Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		Adde	O May Be d to Fees
1 7ιρ	Country	Zıp	Cou	untry		8. This corporation has liability for	intangible tax	under s	199.032,
]	25	29	30				□ No		
	9. Name and Address of Current	Registered Agent		1	Name	10. Name and Address of New F	legistered A	gent	
				1 1	Name				
	SHWIN C				Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
	HWY 19 NO			83					
PINELLA	S PARK FL 34666							T2=1 ~	- 0 - 1:
				84	City		FL	85 Z	ip Code
SIGNATURE _	Signature, typical or printen namic of registered agent i	310 10 10 10 10 10 10 10 10 10 10 10 10 1			signature required	when renstaing. ADDITIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTO	ORS IN 12
12.	OFFICERS AND	DIRECTORS	13.				IOCI IO 7 0 VD	On acon	O. 10 11 1 1 1
: :	DU		1 1	TITLE				Change	Addition
	DA DA	☐ DELETE		TITLE NAME					☐ Addition
AME	SHAH, M. C.		121	NAME	ADDRESS				☐ Addition
AME TREFT ADDRESS	SHAH, M. C. 9359 US HWY. 19, NORTH		1 2 I 1.3	NAME			C) Change	
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Foo hereby certify that the information supplied with this hing is voluntarily formished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 413-577-3838