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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

l .	NNUAL REPORT Secreta			Mortham y of State ORPORATIONS			Secretary of State				
1. Corporation	MENT # V5189 E BEN CORPORATION	(6)									
Principal Place of Business Mailing Address					<del></del>						
2301 DEL PRAI SUITE 665 CAPE CORAL I		2301 DEL PRADO BL' SUITE 885 CAPE CORAL FL 339									
							<ol> <li>Date Incorporated or Qualified</li> <li>07/20/1992</li> <li>FEI Number</li> </ol>		ate of Last Re 25/1996		
2. Principal F 21	Place of Business	2a. Mailing Address					65-0346648		) <del></del> -	plied For It Applicable	
Suite, Apt	. #, €lc.	Suite, Apt. #, etc	). 	··· , ,,			5. Certificate of Status Desired		\$8.75 / Fee Re		
City & Sta	te	City & State					6. Election Campaign Financing	(	\$5.00		
23 Zip 24	28			Country			Trust Fund Contribution Added to Fees  6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
[27]	9, Name and Address of Cu		1901				10. Name and Address of New R				
	NH, BIPIN M.			81	Name						
2301 DEL PRADO BLVD., S. SUITE 665					Street A	Addres	s (P.O. Box Number is Not Accepta	ble)			
	PE CORAL FL 33990			83			,		<del></del>		
					84 City					Code	
11. Pursuant	to the provisions of Sections 607.	0502 and 607,1508, Florida 5	Statutes, the	abov	e-named (	corpora	ation submits this statement for the	DUIDOSE C	f changing it	s registered	
office or agent 1	registered agent, or both, in the S am familiar with, and accept the o	tate of Florida. Such change bligations of, Section 607.050	was authoriz 5, Florida St	ed b	y the corp s.	oration	ation submits this statement for the 's board of directors. I hereby acce	of the app	ointment as	registered	
SIGNATURE	Styriotize, typed or printed name of registere	d agent and title it applicable.	(NOTE: Register	red Ag	eni signature i	required	when reinstating)	DATE			
12.		AND DIRECTORS	13		· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OFF	CERS AN			
TITLE NAME	DP Shah, Bipin M.	DELET		TITLE Name	-				Change	Addition	
STREET ADORESS	1131 SE 20TH ST.		<b>1</b> "		T ADDRESS						
C(1) Y - 2 (1 - 2) P	CAPE CORAL FL			CITY - S							
TIFLE	DV	DELET	E 2.1	TITLE		, , , , , , , , , , , , , , , , , , , ,			Change	Addition	
NAME	SHAH, KASHMIRA B.		2.2	NAME	1		i.			ĺ	
STREET ADDRESS	1131 SE 20TH ST. CAPE CORAL FL				ADORESS		•				
CHY-S1-74P	CATE CORAL FL	DELET		CITY-	ST-ZIP		· +1,		Change	Addition	
NAME		<del></del> :		NAME	İ				-		
STREET ADDRESS			1		T ADDRESS					Ì	
CITY-ST-ZIP				CITY-	ST-ZIP					,mu	
TITLE		☐ DELET		TITLE	ļ				Change	Addition	
NAME COULT ADDRESS			1	NAME							
STREET ADDRESS					T ADORESS ST-ZIP						
Tillf		DELET		TITLE	n 1 − ₹ H				Change	Addition	
NAME				NAME	. [						
STREET ACORESS			5.3	STREE	T ADDRESS						
CiTY+ST-7iP		<b></b>			ST-ZIP					ا 	
111116		☐ DELET		TITLE					Change	Addition	
NAMI.				NAME							
STREET ADDRESS			6.3	SIREE	T ADDRESS						

14. If 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 or an attachment with an address.

**FILED** 

May 09 1997 8:00am