

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
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DOCUMENT # **V34055**
1. Corporation Name **SONAM CORPORATION**

FILED
97 MAY 16 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
SONAM CORPORATION
d/b/a Kwik Stop #36
1711 Belvedere Road
West Palm Beach, FL 33406
407-840-3243

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 SONAM CORP.		26 SONAM CORP.		5/6/97			
22 1711 Belvedere Rd.		27 1711 Belvedere Rd.		4. FEI Number		Applied For	
City & State		City & State		65-0330097		Not Applicable	
23 West Palm Beach, FL		28 West Palm Beach, FL		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
24 33406		29 33406		6. Election Campaign Contribution		☒ \$5.00 May Be Added to Fees	
25 Palm Beach		30 Palm Beach		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name Dubal, Naina G.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1711 Belvedere Rd.			
				83			
				84 City W.P.B.			
				85 Zip Code 33406			

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 607.0503, Florida Statutes.

SIGNATURE **[Signature]** → **NAINA G. DUBAL - PRESIDENT** DATE **5/14/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 12)			
11 TITLE GIRISH V. DUBAL ☒ DELETE				11 TITLE PRESIDENT ☐ Change ☒ Addition			
NAME PRESIDENT				12 NAME NAINA G. DUBAL			
STREET ADDRESS 1711 Belvedere Rd. W.P.B. FL 33406				13 STREET ADDRESS 1711 Belvedere Rd.			
CITY-ST-ZIP W.P.B. FL 33406				14 CITY-ST-ZIP W.P.B. FL 33406			
12 TITLE VICE PRESIDENT ☒ DELETE				21 TITLE ☐ Change ☐ Addition			
NAME VASANTKUMAR DUBAL				22 NAME			
STREET ADDRESS 1711 Belvedere Rd. W.P.B. FL 33406				23 STREET ADDRESS			
CITY-ST-ZIP W.P.B. FL 33406				24 CITY-ST-ZIP			
12 TITLE SECRETARY/V.P. ☐ DELETE				25 CITY-ST-ZIP			
NAME RAMA V. DUBAL				31 TITLE 200002184842 ☐ Change ☐ Addition			
STREET ADDRESS 1711 Belvedere Rd.				32 NAME -05/20/97-01047-007			
CITY-ST-ZIP W.P.B. FL 33406				33 STREET ADDRESS ***170.00 ***170.00			
12 TITLE ☐ DELETE				34 CITY-ST-ZIP			
NAME				41 TITLE ☐ Change ☐ Addition			
STREET ADDRESS				42 NAME			
CITY-ST-ZIP				43 STREET ADDRESS			
12 TITLE ☐ DELETE				44 CITY-ST-ZIP			
NAME				51 TITLE ☐ Change ☐ Addition			
STREET ADDRESS				52 NAME			
CITY-ST-ZIP				53 STREET ADDRESS			
12 TITLE ☐ DELETE				54 CITY-ST-ZIP			
NAME				61 TITLE 5/16/97 ☐ Change ☐ Addition			
STREET ADDRESS				62 NAME			
CITY-ST-ZIP				63 STREET ADDRESS			
				64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the registered or treating 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

PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

ATTN: -
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DOCUMENT #
1. Corporation Name
SONAM CORPORATION



Principal Place of Business
SONAM CORPORATION
d/b/a Kwik Stop #36
1711 Belvedere Road
West Palm Beach, FL 33406
407-840-3243

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 SONAM CORP	26 SONAM CORP	5/6/92	
22 1711 Belvedere Rd.	27 1711 Belvedere Rd.	4. FIC Number	Applied For Not Applicable
23 West Palm Beach, FL	28 West Palm Beach, FL	65-0330097	
24 33406	29 33406	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Palm Beach	30 Palm Beach		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NAINA G. DUBAL			
1711 Belvedere Road			
West Palm Beach, FL 33406			

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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: NAINA G. DUBAL - PRESIDENT
Signature, typed or printed name of registered agent and title, if applicable. (Date) 5/14/97

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, if any	
TITLE	14. NAME	11. TITLE	PRESIDENT
NAME	15. NAME	12. NAME	NAINA G. DUBAL
STREET ADDRESS	16. STREET ADDRESS	13. STREET ADDRESS	1711 Belvedere Rd.
CITY, ST, ZIP	17. CITY, ST, ZIP	14. CITY, ST, ZIP	W.P.B. FL 33406
TITLE	18. NAME	15. CITY, ST, ZIP	
NAME	19. NAME	16. CITY, ST, ZIP	
STREET ADDRESS	20. STREET ADDRESS	17. CITY, ST, ZIP	
CITY, ST, ZIP	21. CITY, ST, ZIP	18. CITY, ST, ZIP	
TITLE	22. NAME	19. CITY, ST, ZIP	
NAME	23. NAME	20. CITY, ST, ZIP	
STREET ADDRESS	24. STREET ADDRESS	21. CITY, ST, ZIP	
CITY, ST, ZIP	25. CITY, ST, ZIP	22. CITY, ST, ZIP	
TITLE	26. NAME	23. CITY, ST, ZIP	
NAME	27. NAME	24. CITY, ST, ZIP	
STREET ADDRESS	28. STREET ADDRESS	25. CITY, ST, ZIP	
CITY, ST, ZIP	29. CITY, ST, ZIP	26. CITY, ST, ZIP	
TITLE	30. NAME	27. CITY, ST, ZIP	
NAME	31. NAME	28. CITY, ST, ZIP	
STREET ADDRESS	32. STREET ADDRESS	29. CITY, ST, ZIP	
CITY, ST, ZIP	33. CITY, ST, ZIP	30. CITY, ST, ZIP	
TITLE	34. NAME	31. CITY, ST, ZIP	
NAME	35. NAME	32. CITY, ST, ZIP	
STREET ADDRESS	36. STREET ADDRESS	33. CITY, ST, ZIP	
CITY, ST, ZIP	37. CITY, ST, ZIP	34. CITY, ST, ZIP	
TITLE	38. NAME	35. CITY, ST, ZIP	
NAME	39. NAME	36. CITY, ST, ZIP	
STREET ADDRESS	40. STREET ADDRESS	37. CITY, ST, ZIP	
CITY, ST, ZIP	41. CITY, ST, ZIP	38. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.02(5)(c), 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 liquidator empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable.