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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000085921**1. Corporation Name

PANJWANI ENTERPRISES INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90060 002 ***150.00



Principal Place of Business Mailing Address						-	#1#: 1#!#1 #11!# 1#11:	# 15885 1181 5881
632 BEACH BLVD. JACKSONVILLE BEACH FL 32250		632 BEACH BLVD. JACKSONVILLE BEACH FL 32250				DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed		
						01/01/1996		ļ
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	T/A	pplied For
21		26 4449 HUNTER'S HAVEN			AVEN	59-3345983	N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E E.			Additional
22		27				5. Certifcate of Status Desired	Fee R	Required
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00) May Be
23		28 JACKSONVIL	LE	F	: _	Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	r Intangible	
24	25	29 32224 3	0	USI	9	Personal Property Tax.	☐ Yes	₩ No
	9. Name and Address of Current I	Registered Agent				10. Name and Address of New Registe	red Agent	
5411	MACAAN ANDARISANI IC			81 N	ame			}
PANJWANI, NIRANJAN K				82 S	reet Addre	Address (P.O. Box Number is Not Acceptable)		
4449 HUNTER'S HAVEN LANE E				outer Address (i.e. box (dulinos) is the veceptable)				
JACI	SONVILLE FL 32224			83	· -		-	İ
				84 C	itu		85 Zip	Code
				64 0	ıty	ı	▝▋▕▘▘	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	norized	l by the	med corpo corporation	ration submits this statement for the purpos n's board of directors. I hereby accept the a	of changing its pointment as re	s registered egistered
SIGNATURE								(
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE; Re	gistered	Agent sign	nature required	when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 717	île.)		☐ Change	Addition
NAME	Panjwani, Niranjan K		1.2 NA	ME				Í
STREET ADDRESS	4449 HUNTER'S HAVE LANE E		1.3 ST	REET ADD	RESS			}
CITY-ST-ZIP			1.4 Cf	TY-ST-ZIP				
TITLE	V □ DELETE 2.1 TH		2.1 Tfl	ne.	ļ		☐ Change	Addition
NAME	Panjwani, maya		22 NA	ME				}
STREET ADDRESS	4449 HUNTER'S HAVE LANE E		2.3 ST	REET ADD	RESS			}
CITY-ST-ZIP	JACKSONVILLE FL 32224		2.4 C	TY-ST-ZIF	<u> </u>	·		
TITLE	ST	☐ DELETE	3.1 TIT	LE			Change	☐ Addition
NAME	ARORA, MONICA		3.2 NA	ME	Ì			
STREET ADDRESS	4449 HUNTER'S HAVE LANE E		3.3 ST	REET ADD	RESS			
CITY-ST-ZIP	JACKSONVILLE FL 32224		34. CI	TY-ST-ZIF	·			
TITLE	D	☐ DELETE	4.1 TIT	ΠE			Change	☐ Addition
NAME	PANJWANI, ANUP K.		4. 2 N	AME	(
STREET ADDRESS	4449 HUNTER'S HAVEN LANE E		4.3 ST	REET ADD	RESS			
CITY-ST-ZIP	JACKSONVILLE FL 32224		4.4 CII	TY-ST-ZIP			,	
TITLE	· <u> </u>	☐ DELETE	5.1 TN				☐ Change	Addition
NAME:			52 NA		İ			ĺ
STREET ADDRESS			53 ST	REET ADD	RESS			-
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		☐ DELETE	6.1 TT				☐ Change	☐ Addition
NAME			6.2 NA	ME				ļ
STREET ADDRESS		i	6.3 ST	REET ADD	RESS			{
ì		'	0.4.00	D/ OT 21D	1			ì

14. I 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 on an attachment with an address, with all other like empowered.

NIYOUNWAN