

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

FILED

Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 442035

(2)

1. Corporation Name
VAN-JARIA ENTERPRISES, INC.

Principal Place of Business

P O BOX 2200
ST. AUGUSTINE FL 32085

Mailing Address

1542 KINGSLEY AVE
SUITE 137
ORANGE PARK FL 32073
P.O. Box 2200
St. Augustine, FL
32085

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2365 SE 16
Suite, Apt. #, etc.

22

City & State

23 St. Augustine, FL

24 32095 25 USA

2a. Mailing Address

26 P.O. Box 2200
Suite, Apt. #, etc.

27

City & State

28 St. Augustine, FL

29 32085 30 USA

3. Date Incorporated or Qualified

12/18/1973

4. FEI Number

59-1494422

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

VANJARIA, ABDUL M
1542 KINGSLEY AVE
S-137
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name

VANJARIA, ABDUL M

82 Street Address (P.O. Box Number is Not Acceptable)

1953 BREAKERS POINTE WAY

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33411

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: *Abdul Vanjaria* ABDUL VANJARIA

3/5/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VANJARIA, ABDUL M.	
STREET ADDRESS	3819 WATERSIDE DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD VANJARIA, ABDUL M.
1.3 STREET ADDRESS	1953 BREAKERS POINTE WAY
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD VANJARIA, ABEED M.
2.3 STREET ADDRESS	3355 CLAIRE LN., APT. 1414
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD VANJARIA, HANIF M.
3.3 STREET ADDRESS	3355 CLAIRE LN., APT. 1414
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S VANJARIA, CAROLYN
4.3 STREET ADDRESS	1953 BREAKERS POINTE WAY
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: *Hanif Vanjaria* HANIF M. VANJARIA, VD

3/3/98

(904) 824-3903

CR2E034 (10/97)