SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnam ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (7)518966 MAHARAJ TENNIS ENTERPRISES, INC. Principal Place of Business Mailing Address 1428 N. VALRICO RD. 1428 N. VALRICO RD. VALRICO FL 33594 VALRICO FL 33594 3a. Date of Last Report 3. Date Incorporated or Qualified 11/23/1976 05/01/1995 Mailing Address FEI Number Applied For 2. Principal Place of Business 2a. 59-2169427 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zıp Country This corporation has liability for intangible tax under s. 199.032 Yes 🗌 No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MAHARAJ, SEWSANKAR 1428 N. VALRICO RD. Street Address (P.O. Box Number is Not Acceptable) 82 VALRICO FL 33594 83 84 City 85 Zip Code 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 f:Alt Agent signature required when reinstating) Signature, typed or printed name of regretered agent and title 1 applicable (NOTE Registe ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/8) 13 Change ____ Addition DELETE 11 TITLE MAHARAJ, SEWSANKAR CR2E034 NAME 1428 N. VALRICO RD. FEET ADDRESS STREET ADDRESS VALRICO FL (-ST-ZIP City-ST-ZP DELETE 21 Change Addition TITLE 22 NAME STREET ADDRESS 23 ET ADDRESS ST-ZIP CITY - ST - ZIP DELETE 3 1 Change Addition TITLE NAME ET ADDRESS STREET ADDRESS - ST - ZIP CITY-ST-ZIP DELETE Change Addition THLE NAME LADDRESS STREET ADDRESS CITY - ST- ZIP ST- ZIP Change Addition DELETE TITLE NAME **TADDRESS** STREET ADDRESS ST-ZIP CITY - ST - ZIF DELETE Change Addition TITLE NAME - LADORESS STREET ADDRESS ST-ZIP CITY - ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I report is true and accurate and that my signature shall have the same legal effect as if see empowered to execute this report as required by Chapter 617, Florida Statutes, and 14. I do hereby certify that the information supplied with this filing is voluntarily furnished further certify that the information indicated on this annual report or supplemental and made under oath, that I am an officer or director of the corporation or the receiver or triat my name appears in Block 12 or Block 13 if changed, or on an analythment with an

8/5-63-083