FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:41

DOCUMENT # **630405** **(9)**

1. Corporation Name
HIMALAYA, INC.

Principal Place of Business	Mailing Address
P O BOX 55 ORLANDO FL 32802	P O BOX 55 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/13/1979**
3a. Date of Last Report: **03/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-1965630** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BEARD, KENNETH O.
10600 S. ORANGE AVENUE
ORLANDO FL 32802

10. Name and Address of New Registered Agent

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

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 _____
Signature, typed or printed name of registered agent and the date signed (NOT required if signed on corporate annual report)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CULP, DARRELL	12 NAME	
STREET ADDRESS	10600 S ORNGE AVE SR 527	13 STREET ADDRESS	
CITY-ST-ZIP	TAFT FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	STRATES,PHYLLIS R (ASST)	22 NAME	
STREET ADDRESS	10600 S ORNGE AVE SR 527	23 STREET ADDRESS	
CITY-ST-ZIP	TAFT FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MAGID, SUSAN STRATES	32 NAME	
STREET ADDRESS	10600 S ORNGE AVE SR 527	33 STREET ADDRESS	
CITY-ST-ZIP	TAFT FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	STRATES, JAMES E.	42 NAME	
STREET ADDRESS	10600 S ORNGE AVE SR 527	43 STREET ADDRESS	
CITY-ST-ZIP	TAFT FL	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	BEARD, KENNETH O.	52 NAME	
STREET ADDRESS	10600 S ORNGE AVE SR 527	53 STREET ADDRESS	
CITY ST ZIP	TAFT FL	54 CITY ST ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	STRATES, SIBYL S	62 NAME	
STREET ADDRESS	10600 S ORNGE AVE SR 527	63 STREET ADDRESS	
CITY ST ZIP	TAFT FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sec. 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.

SIGNATURE: Sibyl S. Strates SIBYL S. STRATES 1-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0003631 CP