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

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90108 041 \*\*\*150.00

PHANAV	, INO.								
0-1111		Mailing Address				- I TOOLIGE OLIVER LIKUUR HULU OLUUR PEDDU PED			<b>                                     </b>
Principal Plac		·							
303 U.S. 301 B		DESOTO SQUARE MALL #82 303 U.S. 301 BOULEVARD	303 U.S. 301 BOULEVARD			DO NOT WRITE IF	N THIS :	SPACE	
BRADENTON FL 34205 BRADENTON FL 34205						3. Date Incorporated or Qualifed			
						08/22/1979			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		1 1	Applied For
21		26			59-1933011		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					-\$8:75 Additional		
22		27			5. Certifcate of Status Desired		Fee F	Required	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Addec	to Fees
Zip	Country	Zip	Countr	y		8. This corporation owes the current y	ear Inta		_
24	25		0			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent		<del></del>		10. Name and Address of New Regis	tered A	gent	
0114	ITANI KALIDAS		8	1 Na	eme				
		8:	2 St	reet Addre	t Address (P.O. Box Number is Not Acceptable)				
	2 1ST AVE N.W.		_	_					
DEA	DENTON FL 34209		8	3					
			8	4 Ci	ty			85 Zip	o Code
						ration submits this statement for the purp	FĻ		ti-t
office or r	registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such change was aut	horized b	v the	corporation	i's board of directors. I hereby accept the	аррол	tment as r	registered
	Signature, typed or printed name of registered agen			ent sign	ature required	,	ATE	D DIDEAL	7000 0140
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AN	D DIRECT	
TITLE	PT	☐ DÉLETÉ	1.1 TITLE					☐ Change	, Dangmon
NAME	CHATANI, KALIDAS P		1.2 NAME						į
STREET ADDRESS			1.3 STREE		RESS				
CITY-ST-ZIP	BRADENTON, FL 00000		1,4 CITY-						Addition
TITLE	S	☐ DELETE	2.1 TITLE					☐ Change	Addition Addition
NAME	CHATANI, KAVITA K		2.2 NAME			<u></u>			
STREET ADDRESS			2.3 STRE						
CITY-ST-ZIP	BRADENTON, FL 00000		2. 4 CITY		<u> </u>			☐ Change	e Addition
TITLE		☐ DELETE	3.1 TITLE					LJ Criange	, L Addition
NAME			3.2 NAME						{
STREET ADDRESS			3.3 STRE		1				
CITY-ST-ZIP		☐ DELETE	3.4. CITY		<u> </u>			☐ Change	Addition
TITLE		- DELETE	4.1 TITLE		İ		•	□ Griange	
NAME		,	4. 2 NAMI					•	ļ
STREET ADDRESS		·	4.3 STRE		KESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE			<u>-</u>		Change	B Addition
TITLE			5.2 NAME				,	٠	- 10010011
NAME STREET ADDRESS			5.3 STRE		RESS				1
STREET ADDRESS	1		5.4 CITY-						
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition
			6.2 NAME						
NAME			6.3 STRE		RESS				ļ
STREET ADDRESS	·[		0.0 O INC						ł

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 of the receiver or justee empowered to execute this report as sequired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with at address with all other like empowered.

01.21.99

941-746-2644