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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90006 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763000

1. Corporation Name

BENGALI SOCIETY OF FLORIDA, INC.

Principal Place of Business

10-EMERALD CT
SATELLITE BCH FL 32997
US

14 AUTUMN BREEZE WAY
WINTER PARK FL-32792

Mailing Address

10-EMERALD CT
SATELLITE BCH FL 32997
US

14 Autumn Breeze Way
Winter Park FL-32792

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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	04/27/1982
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-2345688
24. Country	29. Country	Applied For
25. Country	30. Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

CHAKRAVORTY, BIDYUT

10-EMERALD CT
SATELLITE FL 32997

14 Autumn Breeze Way
Winter Park FL-32792

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Chakravorty, Bidyut

(NOTE: Registered Agent signature required when reinstating)

3/31/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAKRAVORTY, BIDYUT	1.2 NAME	Address Change:
STREET ADDRESS	10-EMERALD CT 14 Autumn Breeze Way	1.3 STREET ADDRESS	14 Autumn Breeze Way
CITY-ST-ZIP	SATELLITE BCH FL 32997 Winter Park FL-32792	1.4 CITY-ST-ZIP	Winter Park FL-32792
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUKERJI, MILAN	2.2 NAME	
STREET ADDRESS	17815 GREEN WILLOW DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUHA, RATAN K	3.2 NAME	Spelling mistake in last name.
STREET ADDRESS	2901 LOUISA LN	3.3 STREET ADDRESS	GUHA RATAN K.
CITY-ST-ZIP	MAITLAND FL 32751	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEY, SUPRATIK	4.2 NAME	
STREET ADDRESS	2808 CRANE TRACE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARBADHIKARY, SIDDHARTHA	5.2 NAME	
STREET ADDRESS	72 GLADES CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDDARTHA, SEN	6.2 NAME	
STREET ADDRESS	6373 CONROY RD #1905	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	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 617, 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.

SIGNATURE:

Bidyut Chakravorty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

Daytime Phone #

CR2E037 (1/98)