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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

PARIKH INC.

FILED Apr 17 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						194 DIBN 9/8/1 0/9/1 DI	TIL FIELL 1881
4650 W IRLO BRONSON PKWY 4650 W IRLO BRONSON P							
4650 W.SPACECOST PKWY. KISSIMMEE FL 34746		4650 W.SPACECOST PKWY. Kissimmee fl 34746 US		DO NOT MIDITE IN THIS SPACE			
US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					04/27/1982		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	T A	pplied For
21		26			59-2193100	 	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional	
22		27		e. Certificate of Status Desired	Fee F	Required	
City & State		City & State		6. Election Campaign Financing		May Be	
23		28				l to Fees	
Žip	Country		Zip Country		8. This corporation owes or has paid the current year Intangible		
24	25 9. Name and Address of Currer	29 30	<u> </u>		Personal Property Tax due June 30. 10. Name and Address of New Regist		∐ No
B			81	Name	IV. Name and Address of New Hegis	raied Wäeur	
F	MNINN, MANENUNA E 00 1411 DINI BIND	cl		HONRO			
KICCHMIEF EL 19740			Street Add		fress (P.O. Box Number is Not Acceptable)		
PARIKH, MAHENDRA 2626 AMILI-RUN BLVD. KISSIMMEE FL 32742 KRSIMMER, FL. 34746 81 Name 82 Street.							
		116.3414	, p				
			84	City		FL 85 Zip	Code
11 Pureum	t to the provisions of Sections 607 DEC	2 and 607 1508 Florida Ctatutan	the above	a named est	poration automita this statement for the		ita ragiotara d
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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE							
12.		D DIRECTORS	13.	v grisiare requ	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	VP	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	PARIKH, MADHU		1.2 NAME				
STREET ADDRESS	7919 COURTLEIGH DR.		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP				[]
TITLE	P DELETE		2.1 TITLE			Change	Addition
NAME	PARIKH, MAHENDRA		2.2 NAME			_	
STREET ADDRESS	7919 COURTLEIGH DR.		2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP		-	-	
TITLE	SD	☐ DELETE				☐ Change	Addition
NAME	PARIKH, HANSA M.		3.2 NAME			•	
STREET ADDRESS	7919 COURTLEIGH DR		3.3 STREET	ADDRESS			1
CITY-ST-ZIP	DI ANDO EI		3.4. CITY-	· ·			Į.
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4 3 STREET	ADDRESS			
CITY-\$T-ZIP			4.4 CITY - S				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	Ī			_
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S				
TITLE	<u> </u>	DELETE	6.1 TITLE			Change	Addition
NAME		. 	6.2 NAME				_
STREET ADDRESS	1		6.3 STREET	ADDRESS			ļ
CITY+ST-ZIP			6.4 CITY - S				
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		J.7 UII 1 - U				I .

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 on an attachment with an arbitress.

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