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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

STREET ADORESS

appears in Block 12 or Block 13 if changed, or on an attachment with an address

CITY-ST-7ID

DOCUMENT # F9300002612 (0)

KASANDAS ENTERPRISES, INC.

Mailing Address Principal Place of Business 637 COBB PARKWAY, S.E. 637 COBB PARKWAY, S.E. MARIETTA GA 30062 MARIETTA GA 30062 3. Date Incorporated or Qualified 3a. Date of Last Report 06/04/1993 05/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-1296590 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζip Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 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 (NOTE: Registered Agent signature regulred when reinstaling) Signature, typint or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12. 13. Change Addition DELETE PCD THE 1.1 TITLE PATEL, JAGDISH K 1.2 NAME 637 COBB PARKWAY, S.E. 1.3 STREET ADDRESS STREET ADDRESS MARIETTA GA 30062 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PATEL, HARSHAD K 2.2 NAME NAME 637 COBB PARKWAY, S.E. STREET ADDRESS 2.3 STREET ADDRESS MARIETTA GA 30062 CITY-ST-ZIF 2. 4 City - St - ZiP DELETE Change Addition 3.1 TITLE TIFLE STD PATEL, NALINI J 32 NAME NAME 637 COBB PARKWAY, S.E. STREET ADDRESS **33 STREET ADDRESS MARIETTA GA 30062** CITY - \$1 - ZIF 3.4. CITY-ST-ZiP DELETE Change Addition 4.1 TITLE THLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - 2(P) 4.4 CITY-ST-ZIP DELETE Change Addition TILLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS DITY-ST ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition 61 TITLE TETLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY+ST-ZIP

14. Ido 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