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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000005174 (8)

NATH FLORIDA FRANCHISE GROUP, INC.

FILED Feb 12 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address			O LONGO ALEM COMA GOMA GOMA	EBIH #6181 BIIDI IJBII IJ		
l		•	900 EAST 79TH STREET					
#300		#300	#300					
BLOOMINGTON MN 55420 BLOOMINGTON MI		BLOOMINGTON MN	55420		DO NOT WRITE IN THIS SPACE			
					orated or Qualified			
2. Principal F	Place of Business	2a. Mailing Address		11/16/19				
21	1400 07 2505110.00	26		41-176		 	oplied For	
Suite, Apt.	#, etc	Suite, Apt. #, etc		1		60.75	ot Applicable Additional	
22		27	27		f Status Desired		equired	
City & State		City & State	City & State		npaign Financing		May Be	
23		28			Contribution		to Fees	
Zip	Country	Zip	Country	•	ation owes or has paid			
24	25	29	30		perty Tax due June 3] No	
9. Name end Address of Current Registered Agent CT CORPORATION SYSTEM 81 Name					10. Name and Address of New Registered Agent			
1 1200 SOUTH PINE ISLAND ROAD				VI TAG/IID				
PLANTATION FL 33324			82 Stre	82 Street Address (P.O. Box Number is Not Acceptable)				
'-	***************************************		83					
			64 City	•		FL 85 Zip	Code	
11. Pursuani	to the provisions of Sections 607.050	2 and 607.1508, Florida St	atules, the above-nam	ed corporation submits this	s statement for the pur	sanna of abanaina ii	ts registered	
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 registored agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the obligations of, Section 607,0505, Florida Statutes.								
SIGNATURE								
	Signature, typed or printed name of registered ages		NOTE: Registered Agent signs	sture required when reinstating)		DATE		
12.	OFFICERS AND		13.	ADDITIONS/C	HANGES TO OFFICE			
TITLE	NATH, MAHENDRA	DELETE	1.1 TIFLE			Change	Addition	
NAME DEPET ADDRESS	ETTE MIANTATA DILAN		1.2 NAME	Can 6 70	th Stace	一 生物	n	
STREET ADDRESS CITY-ST-ZIP	ST LOUIS PARK MN 55416		1.3 STREET ADDRE	8 400 c. 1	I V SIREE	10 75/120		
TITLE	DS	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	8 900 E. 79	Ktow, mi	N Change	Addition	
NAME	NATH, ASHA	LLI OCETTE	2.2 NAME		1	Containing	ן אמטינוטוי	
STREET ADDRESS	5775 WAYZATA BLVD.		2.3 STREET ADDRES	20	j			
CITY-ST-ZIP	ST LOUIS PARK MN 55416		2. 4 CITY-S1-ZIP	»·	İ			
TITLE	VD	DELETE	3.1 TITLE		1	Change	Addition	
NAME	Mehta, ashok		3.2 NAME -		1	4- •		
STREET ADDRESS	5775 WAYZATA BLVD.		3 3 STREET ADDRES	ss	1]	
CITY-ST-ZIP	ST LOUIS PARK MN		3 4. CITY-ST-ZIP		1		ì	
TITLE	D	DELETE	4.1 TITLE			Change	Addition	
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STREET ADDRESS	5775 WAYZATA BLVD		4.3 STREET ADORES	is			ļ	
CITY-ST-ZIP	ST LOUIS PARK MN	The second	4.4 CITY - ST - ZIP		<u></u>			
TITLE	d Walia, Shalini nath	☐ DELFTE	5.1 TITLE			Change	L_] Addition	
NAME STOCKY ADDOLOG	5775 WAYZATA BLVD		5.2 NAME	_				
STREET ADDRESS	ST LOUIS PARK MN		5.3 STREET ADDRES	³⁵				
CITY-ST-ZIP TITLE	D	DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	 		Chanca	Addition	
NAME	WALIA, DAVE	F pricit	li .			Change	☐ WOULDII	
STREET ADDRESS	5775 WAYZATA BLVD		6.2 NAME	, c	í			
CITY-ST-ZIP	ST LOUIS PARK MN		6.3 STREET ADDRES	2	<u></u>			
OULL-OLVER 1			64 CITY-ST-ZIP					

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 address

SIGNATURE:

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