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Jan 28, 1999 8:00am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G82905 1. Corporation Name

TEJAS, INC.

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Principal Place	of Business	N	Mailing Address			٠				,	•	
C/O VASANTLAL B. SONI- 830 TRUMAN AVENUE 830 TRUMAN AVENUE KEY WEST FL 33040-6426 KEY WEST FL 33040-6426						DO NOT WRITE IN THIS SPACE						
KEI WESI PL 3	3040-0420	"			•	ŗ	3. Date Incorporated	or Qualifed	-	-		
	· · · · · · · · · · · · · · · · · · ·						02/02/1984					
Principal Place of Business 2a.			a. Mailing Address			- "	4. FEI Number				Nied For	
			26				59-2585073 Not Applicab					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			.	5. Certificate of Status	Desired		Fee Rec		
22			27					Cinnesing				
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
23		28		Count	rv		8. This corporation ov		ent vear Inta			
Zip	Country		Zip J	30	',		Personal Property		O, II. JOOL II.	Yes	□No	
24	9. Name and Address	of Current Reg	<u>' </u>	301			10. Name and Addres		Registered A	\gent		
	9. Name and Address	or carrent tog	istored Agent	8	1 Name	•				•		
SONI	i, vasantlal b . Truman av e nue			8	2 Street	t Address	s (P.O. Box Number is	Not Accept	able)			
KEY WEST FL 33040				8	33					15.197. 1.188.188.30.18.21.18.		
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	to the provisions of Section egistered agent, or both, in					d corpora poration:	ation submits this stater s board of directors. I h	ment for the ereby acce	purpose of option	changing its itment as rec	registered gistered	
S soont for	egistered agent, or both, in m familiar with, and accept	the obligations	of Section 607,0505, Flor	rida Statut	AS.							
agent. rai			.,									
SIGNATURE			·			e reculred W	hen reinstating)		DATE	-		
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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 attackment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS