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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # G83085

VIJAY'S OF TAMPA, INC.

Principal Plac								
Principal Place of Business Mailing Address					I CONTROL ON THE TOTAL STATES	IBINI WILL BINE I		MAN ANAM HARI
10924 NEBRASKA AVENUE 10924 NEBRASKA AVE		NUE						
TAMPA FL 33612 TAMPA FL 33612					DO NOT WE	ITE IN THIS	SDACE	
	* *				3. Date Incorporated or Qualifer		ISENOC, E.E.	
					02/02/1984	•		.
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number		Δn	plied For
21	ide di Edemos	26			59-2384025			t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			,		\$8.75 A	, ,
22	,	27			5. Certifcate of Status Desired	,□ .	Fee Re	
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00	May Bo
23		28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Count	гу	8. This corporation owes the cu	rrent vear Int		-:
24	25	29	30		Personal Property Tax.			□No
	9. Name and Address of Cu				10. Name and Address of New	Registered	Agent	•
			8	1 Name				
	nstein, ira esquire		8	2 Stroot Ada	dress (P.O. Box Number is Not Accep	table)	•	
202	1 E 7TH AVE		°	2 Street Add	aress (P.O. Box Number is Not Accep	iabl <del>e</del> )		
TAM	PA FL 33605		8	3	1. 1. A. K. A. A.	15-20 B (2) 3181 B	新洲,	11.631153
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			8	4 City		FI	85 Zip C	code "" ""
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Sta	utes, the abo	ve-named cor	poration submits this statement for the	e purpose of	changing its	registered
	edistered agent or both in the S	tate of Florida, Such change was	authorized h	witho comparat	tion's board of directors. I hereby acce	ept the appoi	ntment as rec	nistered
office or r	m familiar with and accept the ol	diagtions of Section 607 0505	locida Statute	ià me corborar	ilon's board of directors. Thereby acco	. F		,
office or r agent. I a	m familiar with, and accept the ol	oligations of, Section 607.0505, F	lorida Statute	es.			·	,
office or r	m familiar with, and accept the ol	oligations of, Section 607.0505, F	lorida Statute	es.	red when reinstating)	DATE		· · ·
office or r agent. I a	m familiar with, and accept the ol	oligations of, Section 607.0505, F	lorida Statute	es.		DATE		, , , , , , , , , , , , , , , , , , ,
office or a agent. I a SIGNATURE	m familiar with, and accept the ol	oligations of, Section 607.0505, F	forida Statute	ent signature requir	red when reinstating)  ADDITIONS/CHANGES TO O	DATE		, , , , , , , , , , , , , , , , , , ,
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office or agent. I a SIGNATURE  12.  TITLE	m familiar with, and accept the ol Signature, typed or printed name of registere OFFICERS PD	oligations of, Section 607.0505, Find agent and title if applicable.  NOS AND DIRECTORS	TE: Registered Ag  13.  1.1 TITLE  1.2 NAME	ent signature requir	red when reinstating)  ADDITIONS/CHANGES TO O	DATE	ID DIRECTO	RS IN 12
office or a agent. I a SIGNATURE  12. TITLE NAME	m familiar with, and accept the of signature, typed or printed name of registere OFFICERS PD BURNS, BETTY JO	oligations of, Section 607.0505, Find agent and title if applicable.  NOS AND DIRECTORS	TE: Registered Ag  13.  1.1 TITLE  1.2 NAME	ent signature requir	red when reinstating)  ADDITIONS/CHANGES TO O	DATE	ID DIRECTO	RS IN 12
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

SIGNATURE:

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90026 029 \*\*\*150.00