

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 # H42986

1. Corporation Name
PRASHA PROPERTIES, INC.

Principal Place of Business

8865 S.W. 104TH LANE
OCALA FL 34481
US

Mailing Address

8865 S.W. 104TH LANE
OCALA FL 34481
US

FILED

99 MAY 17 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1985

4. FEI Number

98-0041161

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 11637 SW 90th Terrace
Suite, Apt. #, etc.

2a. Mailing Address

26 11637 SW 90th Terrace
Suite, Apt. #, etc.

City & State

23 Ocala, FL

City & State

28 Ocala, FL

Zip

24 34481

Country

25 US

Zip

29 34481

Country

30 US

9. Name and Address of Current Registered Agent

GHUMAN, KULBIR
8865 S.W. 104TH LANE
OCALA FL 32678

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11637 SW 90th Terrace

84 City Ocala

FL

85 Zip Code 34481

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. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GHUMAN, KULBIR
STREET ADDRESS 8865 S.W. 104TH LANE
CITY-ST-ZIP Ocala FL

TITLE S ☐ DELETE

NAME BELL, JAMES A.
STREET ADDRESS 8865 S.W. 104TH LANE
CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 11637 SW 90th Terrace

1.4 CITY-ST-ZIP Ocala, FL 34481

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 11637 SW 90th Terrace

2.4 CITY-ST-ZIP Ocala, FL 34481

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 300002892403-0

3.4 CITY-ST-ZIP -06/02/99 -01045 -008

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS *****51.25 *****61.25

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address, with all other like empowered.