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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

Principal Place of Business 7 N COCCOA BLVD COCCOA FL 32922 US 3. Date Incorporated or Qualified 04/14/1996 3a. Date of Last Report 04/11/1996 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 4. FEI Number Applied For Not Applicable 3c. Certificate of Status Desired 5c. Certificate of Status Desired 7 Fee Required 7 Fee Required 7 City & State 7 City & State 7 Country 7 Country 7 Country 7 Country 7 Country 8 This corporation has liability for intangible tax under s. 199.032. Florida Statutes 9. Name and Address of Current Registered Agent PAUL, HERMAN S. 2468 ATLANTIC BLVD. JACKSONVILLE FL 32207
COCOA FL 32922 US 3. Date Incorporated or Qualified O4/11/1996 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mot Applied For Sep-2666788 2c. Certificate of Status Desired
2. Principal Place of Business 3. Principal Place of Business
22. Principal Place of Rusiness 2a. Mailing Address 59-2666788 Not Applied For 1992 Solite, Apt. #, etc. Solite, A
Suite, Apt. #, etc City & State City & State City & State City & State Country Zip Country 23 Country Zip Country 24 25 29 30 Rame and Address of Current Registered Agent PAUL, HERMAN S. 2488 ATLANTIC BLVD. JACKSONVILLE FL 32207 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Found Contribution Added to Fees Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10, Name and Address of New Registered Agent PAUL, HERMAN S. 2488 ATLANTIC BLVD. JACKSONVILLE FL 32207
City & State Country Country Status & Corporation has liability for intangible tax under s. 199.032.
City & State City & State 28 Country Country Country Zip Country 28 Country Added to Fees Trust Fund Contribution Added to Fees Florida Statutes Yes No 9. Name and Address of Current Registered Agent PAUL, HERMAN S. 2488 ATLANTIC BLVD. JACKSONVILLE FL 32207 B3 Street Address (P.O. Box Number is Not Acceptable) B3
28 Trust Fund Contribution Added to Fees Zip Country At Plant Country Added to Fees 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent PAUL, HERMAN S. 2488 ATLANTIC BLVD. JACKSONVILLE FL 32207 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83
24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent PAUL, HERMAN S. 2488 ATLANTIC BLVD. JACKSONVILLE FL 32207 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83
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2468 ATLANTIC BLVD. JACKSONVILLE FL 32207 82 Street Address (P.O. Box Number is Not Acceptable) 83
83
64 City 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE Signature typical or princed name of registerial agent and little if applicable (NOTE: Registerial Agent signature required when reinstalling) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE PD DELETE 1.1 TITLE Change Addition NAME SHAH, MAHESH R. 1.2 NAME
SHEEL ADDRESS 702 HAWKSBILL ISLAND DR 1.3 STREET ADDRESS
COTY-SU-70P SATELLITE BCH FL 1.4 CITY-ST-70P
TITLE D DELETE 2.1 TITLE Change Addition
NAME SHAH, RASHMI M. 22 NAME
STREET ADDRESS 702 HAWKSBILL ISLAND DR 2.3 STREET ADDRESS
CHY-ST-ZIP SATELLITE BCH FL 2.4 CHY-ST-ZIP
TIFLE STATE SANGE Addition NAME 3.1 TITLE 3.2 NAME
SIRCET ADDRESS 3.3 STREET ADDRESS
CITY-S1-ZIP 3.4. CITY-S1-ZIP
Tills DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
The Avenue
STREET ADDRESS 43 STREET ADDRESS
STREET ADDRESS 4.3 STREET ADDRESS
STREET ADDRESS 4.3 STREET ADDRESS
STREET ADDRESS 43 STREET ADDRESS
STREET ADDRESS 43 STREET ADDRESS 44 CITY-ST-ZIP
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
STREET ADDRESS 43 STREET ADDRESS 44 CITY-ST-ZIP

6.4 City-51-78

14. Too hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 a address.

SIGNATURE:

FILED

May 15 1997 8:00am

Secretary of State