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FILED  
Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J45997 (0)

1. Corporation Name  
MEHTA AND ASSOCIATES, INC.

Principal Place of Business  
ONE PURLIEU PLACE  
STE 100  
WINTER PARK FL 32792

Mailing Address  
ONE PURLIEU PLACE  
STE 100  
WINTER PARK FL 32792-4405



3. Date Incorporated or Qualified 12/08/1986  
3a. Date of Last Report 05/01/1996

4. FEI Number 59-2627930  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEHTA, VIPIN C.  
ONE PURLIEU PLACE  
STE 100  
WINTER PARK FL 32792

81 Name

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

83

84 City

FL 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. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MEHTA, VIPIN C.	
STREET ADDRESS	ONE PURLIEU PL	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MEHTA, HANSA V.	
STREET ADDRESS	ONE PURLIEU PL	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EDWARDS, FREDERICK W P.L.S.	
STREET ADDRESS	ONE PURLIEU PL	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PATEL, RAJENDRA, U	
STREET ADDRESS	ONE PURLIEU PL	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FELIZARDO L. BAUTISTA	
STREET ADDRESS	ONE PURLIEU PL	
CITY - ST - ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Vipin C. Mehta* VIPIN C. MEHTA PRESIDENT 2/25/97 (407) 657 6662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)