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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 03 1998 8:00am Secretary of State

	MENT # K5830 ES INVESTMENTS INC.	05 (9)			a n anan anan anan anan anan
Principal Plac	ce of Business	Mailing Address			B B B B B B B B B B B B
% YOGESH F	P. PATEL	% YOGESH P. PATEL			
2119 S. ATLANTIC AVE 2119 S. ATLANTIC AVE					
DAYTONA SEACH FL 32118-5009 DAYTONA BEACH FL 3211			18-5009	DO NOT WRITE IN THI	S SPACE
				 Date Incorporated or Qualified 01/13/1989 	
9 Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2934353	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		[28]		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	 This corporation owes or has paid the c 	
24	25		30	Personal Property Tax due June 30.	Yes No
BA*	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Registers	d Agent
PATEL, YOGESH P.			L.I		
2119 S. ATLANTIC AVE DAYTONA BEACH FL 32018		82 Street	Address (P.O. Box Number is Not Acceptable)		
UA	TIONA DEACH PE 32010		83		
1					
			84 City	F	85 Zip Code
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named		
office or r	registered agent, or both, in the Stal am familiar with, and accept the obli	te of Florida. Such change was a gations of, Section 607.0505. Flo	uthorized by the corp rida Statutes.	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE		9			
SIGNATORIE	Signature, typed or printed name of registered a		Registered Agent signature	required when reinstating) DATE	
12,	OFFICERS AT	VD DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PATEL, YOGESH P.	☐ DELETE	1.1 TITLE		Change Addition
NAME	2119 S ATLANTIC AVE.		1.2 NAME		
STREET ADDRESS	DAYTONA BCH. FL		1.3 STREET ADDRESS		\ <u>i</u>
CITY-ST-ZIP TITLE	BATTONA BOTI. TE	DELETE	1.4 CITY-ST-ZIP 21 TITLE		Change Addition
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STREET ADDRESS			2.3 STREET ADDRESS	· ·	
CITY-ST-ZIP				l "	
TITLE			B 2 4 CITY_ST.7IP		1
NAME		☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TETLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
		DELETE			Change Addition
STREET ADDRESS		☐ DÉLETE	3.1 TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIP		DELETE	3.1 TITLE 3.2 NAME		Change Addition
		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition ☐ Change ☐ Addition
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CITY-ST-ZIP TITLE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE		
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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 adachment with an address.

OLONIATURE.

1/11/98

904-258-10/2