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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # K7968

653 (7)

KANJI,						
Principa: Plac	e of Business	Mailing Address			I BIBIT BIBIT BIBIT BIBIT BIBIT BIBIT IBBI	
1027 PINE RIDGE CIRCLE BRANDON FL 33511  1027 PINE RIDGE CIRCLE BRANDON FL 33511-6258						
9 Dringing D	lace of Business	LOG Mallace Address		3. Date incorporated or Qualified 04/12/1989	3a. Date of Last Report 04/17/1996	
<u> </u>	Tace of Business	2s. Mailing Address		4. FEI Number	Applied For	
Suite, Apt	# etc	26 Suite, Apt. #, etc.		59-2943012	Not Applicable	
City & State		27 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	<b>.</b>	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25	·······1	30		Yes No	
	9. Name and Address of Curre			10. Name and Address of New Re		
DILIP, KANJI 81 Name				Vivo IKANE		
1027 PINE RIDGE CIRCLE 82				t Address (P.O. Box Number is Not Acceptable)		
BRANDON FL-93511			50	OMOGE SAI	DRIVE	
1			83			
			84 City	TAMPA	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statute	s, the above-named con	poration submits this statement for the o		
office or n	egistered agent, or both, in the State	e of Florida. Such change was a	uthorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointment as registered	
SIGNATURE			TOO Statutes.			
	Signature, lyped or printed name of registered ag		Registered Agent signature requi		DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
	PTD MANUE DILID	T DETEL	1.1 TITLE		Change Addition	
NAME COULT ADDRESS	KANJI, DILIP 1027 PINE RIDGE CIR.		1.2 NAME	·		
STREET ADDRESS	BRANDON FL		1.3 STREET ADDRESS			
CHY-SI-ZIP TITLE	VSD	☐ DELETE	14 CITY-ST-ZIP 21 TITLE		Change Addition	
NAME	KANJI, KISHOR				Change [] Addition	
STREET ADORESS	9960 MOORINGS DR.		22 NAME			
CITY - ST - ZIF	JACKSONVILLE FL		2 3 STREET ADDRESS			
TITLE	WINDLINET IP	☐ DELETE	2 4 City-ST-ZiP 3.1 Title		Change Addition	
NAME		-	3.2 NAME		- overthe Pin sugaring	
STREET ADORESS			3.3 STREET ADDRESS			
CITY-S1-2IP			3.4. CITY+ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME		* ***	
STREET ADDRESS			4.3 STREET ADDRESS			
CHY-ST-ZIP			4.4 CITY - ST - ZIP			
THLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
City St ZiP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
ا محصوما			■		i	

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 or advancement with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

TROEDUNT

25/97 6/8)287 091

**FILED** 

May 06 1997 8:00am

Secretary of State

CR2E034 (9/96)