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 # K855

185533

(3)

FILED Apr 09 1997 8:00am Secretary of State

Principal Place	HOKSHI	Mailing Address C/O JAI V. CHOKSHI 1055 BEDFORD AVE.					
WEST PALM BEACH FL 33403-1124 WEST PALM BEACH FL 33					3. Date Incorporated or Qualified 05/04/1989	3a. Date of Last Re 04/18/1996	port
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	 	plied For
21		26			65-0121918	Not	Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	₩ \$8.75 A	
Catal S. Charl		City & State				- Lea Loc	
City & State	е	28 City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 t	
Zip	Country	Zip	Cour	itry	8. This corporation has liability for		
24	25	29	30			Yes No	100.002
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
CHO	OKSHI, JAISUKHLAL V.			81 Name			
	5 BEDFORD AVE.		h	82 Street Add	Iress (P.O. Box Number is Not Acceptat	ole)	
\ WE	ST PALM BEACH FL 33403-112	4]		······································		
				B3 [
1			ļ.	B4 City		85 Zip C	ode
1		00 1007 1500 El 11 0				FL ["] ZP	
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	io2 and 607.1508, Florida Sta le of Florida. Such change wa	itutes, the ab as authorized	ove-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	ourpose or changing its pt the appointment as r	egistered
agent La	m familiar with, and accept the obli	gations of, Section 607.0505,	Florida Statu	ites.	·	• • • • • • • • • • • • • • • • • • • •	•
SIGNATURE	5		Note: D				
12.	Signature, typed or printed name of registered a OFFICERS At	gen) and tick if applicable (I ND DIRECTORS	NOTE: Registered	Agent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS	3 IN 12
THILE	PD	DELETE	1.1 [17]	LE T	7,007,107,007,17,100,007,10	☐ Change	Addition
NAME	CHOKSHI, JAISUKHLAL V.		1.2 NAJ	ł		- •	
J .	STREET ADDRESS 1055 BEDFORD AVE			EET ADDRESS			
CITY-S1-ZP	WEST PALM BEACH FL 3340	03-1124	1	Y-ST-ZIP			
THE		DELETE	2.1 TUT		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			2.2 NAJ	VIE.			
STREET ADDRESS	}		2.3 STF	IEET ADDRESS			
CITY-S1-ZIF	,		2. 4 CIT	IY-ST-ZIP			
TITLE		DELETE	3.1 TiT			☐ Change	Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 \$19	REET ADDRESS			
CITY - ST - 21F			3.4, CI	Y-ST-ZIP			
Julie		☐ DELETE	4.1 TIT	ré		☐ Change	Addition
NAME			4 2 NA	ME			
STREET ADDRESS			- 6	REET ADDRESS			
CITY - ST - 71P		T DESCRE		Y-ST-ZIP	· ·	Chance:	Andate-
TITLE		☐ DELETE	5.3 TIT			Change	Addition
NAME			5.2 NA				
STREET ADDRESS				REET ADDRESS			
City-St-ZiP		Theire		Y-ST-ZIP		T Phone-	Addition
HTEF		L□ DELETE	61 TiT	1		L. Change	☐ Addition
NAMI	}		6.2 NA	1			
STREET ADDRESS				REET ADDRESS	ı		
City St. 2iP	I		6.4.CIT	Y-ST-7IP 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 chapted, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-12-97

(561) 775-9324

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