## 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** 

DOCUMENT #

1. Corporation Name # K91804

(0)

**FILED** 

Jan 20 1998 8:00am

Secretary of State

CANU	& HARRY CURPURATION	, ING.				
Principal Plac	e of Business	Mailing Address	·			IDI BIDII BIDII OFDII BIDII BIDII DIDIF IBBI
2712 FAIRMOUNT DR. 2712 FAIRMOUNT		DŘ.				
I ====::= =::::::::::::::::::::::::::::		SEBRING FL 3387				
						E IN THIS SPACE
					3. Date Incorporated or Qualified	
a Principal P	Hace of Business	A. Mailing Address			05/30/1989	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2951104	Not Applicable	
22		27		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & Stat	6	City & State			C Floation Companies Financia	
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	ry	8. This corporation owes or has p	
24	25	29	30		Personal Property Tax due Juni	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Ro	
PA	TIDAR, HARI GOPAL		8	1 Name		
	12 FAIRMOUNT DR.		8	2 Street Add	ress (P.O. Box Number is Not Accepta	L(a)
	BRING FL 33870		•	2 Street Aut	ress (r.o. box Number is not Accepta	DIE)
			8	3		
			0	4 City		FI 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05	502 and 607.1508, Florida	Statutes, the abo	ve-named corp	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing its registered
agent. I a	m familiar with, and accept the obli	igations of Section 607.05	05, Florida Statut	es.	norts board or directors. Thereby acce	prine appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered a		(NOTE Registered A	gont signature requi		DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
	PD DELETE		i	1		Change Addition
NAME PATIDAR, HARI GOPAL			1.2 NAM			
STREET ADDRESS	2712 FAIRMOUNT DR.		. 1.3 STRE	E1 ADDRESS		
CITY-ST-ZIP	SEBRING FL 33870	DEFE	1.4 CITY			
TITLE	VDST	☐ DELE	,			Change Addition
NAME	PATEL, MINAXIBEN HARVAD	JAN	2.2 NAMI			
STREET ADDRESS	2712 FAIRMOUNT DR.		2.3 STRE	1 ADDRESS		
CITY-ST-ZIP	SEBRING FL 33870	Dipple	2. 4 CITY	- S1 - ZIP		
TITLE		☐ DELE				Change Addition
NAME			3.2 NAMI	1		
STREET ADDRESS			3.3 STRE	IT ADDRESS		
CITY-ST-ZIP		T DELE	3.4. CITY	-ST-ZIP		
TITLE		∐ DELE				Change Addition
NAME			4. 2 NAM			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP		T SELE	4.4 CITY	ST-ZIP		
TITLE		DELLE	IE 5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 DITY-	ST-ZIP		
TITLE		☐ DELE				Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		

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 attachment with an address.