


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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L14596 (5)

1. Corporation Name
SHAH BROTHERS OF TAMPA BAY, INC.

Principal Place of Business C/O CHETAN R. SHAH 904 CURLEW ROAD DUNEDIN FL 34698	Mailing Address C/O CHETAN R. SHAH 904 CURLEW ROAD DUNEDIN FL 34698-1901
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3. Date Incorporated or Qualified 09/06/1989	3a. Date of Last Report 08/15/1996
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2. Principal Place of Business 21 904 - Curlew Rd Suite, Apt. #, etc. 22 Suite # 99 City & State 23 Dunedin, Florida Zip 24 34698 Country 25 U.S.A.	2a. Mailing Address 26 904 - Curlew Rd Suite, Apt. #, etc. 27 Suite # 99 City & State 28 Dunedin - Florida Zip 29 34698 Country 30 U.S.A.
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4. FEI Number 59-2963470	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired No	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**SHAH, CHETAN R.
904 CURLEW ROAD
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent	
81 Name Shah Chetan R.	
82 Street Address (P.O. Box Number is Not Acceptable) 904 Curlew Rd - Suite # 99	
83	
84 City Dunedin	85 Zip Code FL 34698

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, and 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 607.0595, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1/25/97**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	POST SHAH, CHETAN R. 904 CURLEW RD. DUNEDIN FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: **1/24/97** 8137347459

CR2E034 (9/96)