


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

FILED  
Feb 23 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **L40260** (6)

1. Corporation Name  
**AMIN AND PATEL INVESTMENTS, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>% VIJAY AMIN<br/>8050 NORTH ATLANTIC AVENUE<br/>CAPE CANAVERAL FL 32920</b> | Mailing Address<br><b>% VIJAY AMIN<br/>8050 NORTH ATLANTIC AVENUE<br/>CAPE CANAVERAL FL 32920</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 2. Principal Place of Business<br>21 <b>8050 N. Atlantic Ave</b><br>Suite, Apt. #, etc.<br>22 <b>Cape Canaveral</b><br>City & State<br>23 <b>FL</b><br>Zip<br>24 <b>32920</b>   |  | 2a. Mailing Address<br>26 <b>108 E Central Blvd</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>Cape Canaveral, FL</b><br>Zip<br>29 <b>32920</b><br>Country<br>30 <b>Brevard</b>   |  | 3. Date Incorporated or Qualified<br><b>12/29/1989</b> |  |
| 9. Name and Address of Current Registered Agent<br><b>PATEL, HARSHAD<br/>8050 NORTH ATLANTIC AVENUE<br/>CAPE CANAVERAL FL 32920</b>   |  | 10. Name and Address of New Registered Agent<br>81 Name <b>HARSHAD PATEL</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>108 E Central Blvd</b><br>83<br>84 City <b>Cape Canaveral</b> <b>FL</b> 85 Zip Code <b>32920</b> |  |  |  |
| 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, or 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 607.0505, Florida Statutes. |  |  |  |  |  |

SIGNATURE **[Signature]**  
Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------------|---|--|
| TITLE                      | <b>D</b>                     | 1.1 TITLE   |  |
| NAME                       | <b>AMIN, VIJAY</b>           | 1.2 NAME  |  |
| STREET ADDRESS             | <b>8050 N. ATLANTIC AVE.</b> | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>CAPE CANAVERAL FL</b>     | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>SVT</b>                   | 2.1 TITLE   |  |
| NAME                       | <b>PATEL, HARSHAD</b>        | 2.2 NAME  |  |
| STREET ADDRESS             | <b>8050 N. ATLANTIC AVE.</b> | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>CAPE CANAVERAL FL</b>     | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>PD</b>                    | 3.1 TITLE   |  |
| NAME                       | <b>PATEL, HARSHAD</b>        | 3.2 NAME  |  |
| STREET ADDRESS             | <b>8050 N. ATLANTIC AVE.</b> | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>CAPE CANAVERAL FL</b>     | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                              | 4.1 TITLE   |  |
| NAME                       |                              | 4.2 NAME  |  |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                              | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                              | 5.1 TITLE   |  |
| NAME                       |                              | 5.2 NAME  |  |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                              | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                              | 6.1 TITLE   |  |
| NAME                       |                              | 6.2 NAME  |  |
| STREET ADDRESS             |                              | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                              | 6.4 CITY-ST-ZIP                                       |  |

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.

SIGNATURE **[Signature]**

2/17/98 407-783-8146

CR2E034 (10/97)