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

Principal Place of Business

5401 KIRKMAN ROAD

ORLANDO FL 32819

SUITE 525

DOCUMENT # L44029

(1)

Mailing Address

SUITE 525

5401 KIRKMAN ROAD

ORLANDO FL 32819-7911

PARK SQUARE BRISTOL, INC.

FILED	
May 09 1997 8:00am	1
Secretary of State	

3a. Date of Last Report

0093806

05/01/1996

3. Date Incorporated or Qualified

01/17/1990

Z. Fancipa P	face of Business	28. Mailing Addre	SS			4. FEI Number		I Ap	plied For	
21		26				59-2986446	Not Applicable			
Suite, Apt	e, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		\$8.75 A Fee Re		
	City & State City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zφ	Country Zip Co					8. This corporation has liability for in				
24	25 29 30						Yes [
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	jistered /	Agent		
GUP	TA, SURESH			B1	Name					
5401 KIRKMAN ROAD SUITE 525					82 Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32819										
4 <u>-</u> 2 2					City			85 Zip (Code	
ļ				84			FL			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florid	a Statutes, the	above	named corp	poration submits this statement for the pation's board of directors. I hereby accept	urpose of	changing It	s registered	
agent. La	registered agent, or both, in the State L im familiar with, and accept the obligat	ions of, Section 607.0	je was authoriz 505, Florida St	eci by atutes	the corporat	norts board or directors. I hereby accep	trie app	Singment as	registered	
SIGNATURE	,									
SIGNATURE	Signature, typed or perfert name of registered agent	and title if appricable.	(NOTE: Register	red Age	nt signature requi	red when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	ERS AND		S IN 12	
TOLE	DSV	☐ DEL	.ETE 1.1	TITLE				Change	Addition	
N4Mi	Gupta, Suresh K.		1.2	NAME	Ì					
STREET ADDRESS	5401 KIRKMAN RD. STE. 525		1.3	STREET	ADDRESS					
CITY - ST - ZIP	ORLANDO FL		1.4	CITY-S1	r-ZIP					
TOLF	PD	☐ DEL	LETE 21	TITLE				Change	Addition	
NAME	DESHPANDE, ANIL		2.2	NAME	1					
STREET ADDRESS	5401 KIRKMAN RD. STE. 525		2.3	STREET	ADDRESS					
CITY - ST - ZIP	ORLANDO FL			City-S	T-ZiP					
TITLE	D	DEL	LETE 3.1	TITLE				☐ Change	Addition	
NAME:	AGGARWAL, AVANISH		3.2	NAME	Ĭ					
STREET ADDRESS	5401 KIRKMAN RD. STE. 525		33	STREET	ADDRESS					
CITY-ST-78	ORLANDO FL			CITY-S	T-ZIP					
MILE	CDC	DEL	LETE 4.1	TITLE				Change Change	Addition	
NAMÉ	AGGARWAL, BRAHAM R.		4. 2	NAME	. [
STREET ADDRESS	5401 KIRKMAN RD. STE. 525		4.3	STREET	address					
CITY-ST-ZIP	ORLANDO FL			CITY-S	r-ZIP					
TITLE		☐ DEL	1	TITLE				Change	Addition Addition	
NAME			1	NAME	ļ					
STREET ADDRESS			5.3	STREET	ADDRESS					
CITY-ST ZIP				CITY-S	I-ZIP	······································				
1911		☐ DE	1	TITLE	· · ·			☐ Change	Addition	
NAMÉ			L i	NAME				7		
STHEET ADDRESS	ĺ		63	STREET	ADDRESS					
CITY-S1-ZIP]	10.00	6.4	CITY-S	r-ZIP					
14. I de herei informatic I am an o appears i	try certily that the information supplied on indicated on this annual report or sub- officer or director of the corporation or to the Block 12 or Block 13 if changed for the Block 12 or Block 13 if changed for the supplied for the block 12 or Block 13 if changed for the block 13 if changed for the block 12 or Block 13 if changed for the block 12 or Block 13 if changed for the block 12 or Block 13 if changed for the block 12 or Block 13 if changed for the block 13 if chan	with this filing does n ipplemental applical re he receiver of truslee on an attach nent with	ot qualify for the oport is true and oppowered to on address	e exec exec	mption stated trate and that ute this repo	d in Section 119.07(3)(i), Florida Statuter t my signature shall have the same lega rt as required by Chapter 607, Florida S	s. I furthei I effect as tatutes; a	certify that if made und nd that my r	the der oath; tha name	