PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am Secretary of State

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DOCUMENT # 1. Corporation Name	L67297

BALSARA ENTERPRISES, INC.

Principal Place of Business

1988 OSCEOLA PARKWAY

Mailing Address

1988 OSCEOLA PARKWAY KISSIMMEE EL 34743

KISSIMMEE FL 34743 KISSIMMEE FL 34743 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/19/1990 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable ~59-3026291 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country This corporation owes the current year Intangible Country Zip □No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 JITENDRA, KHATRI Street Address (P.O. Box Number is Not Acceptable) 82 1988 OSCEOLA PARKWAY KISSIMMEE FL 32701 83 City Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 11 TITLE TITLE 1.2 NAME KHATRI, JITENDRA G. NAME 1988 OSCEOLA PARKWAY 1.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 1,4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE SD KHATRI, TARAMATI J. 2.2 NAME NAME .1988 OSCEOLA PARKWAY -2.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 2.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET AODRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TIME TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE ~ \$ Go! 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 apart 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 of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation or the receiv

SIGNATURE:

SIGNATURE AND TYPED BEPENTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/99

Daytime Phone #

CR2E034 (11/98)