# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L92005** **(2)**

1. Corporation Name
**DIPALI, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1502 W KING STR<br>COCOA FL 32922<br>US | % SHELL FOOD MART #3<br>1502 W KING STR<br>COCOA FL 32922<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/06/1990**
3a. Date of Last Report: **02/14/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-3086356** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PATEL, DIVYESH**
**1502 W. KING ST.**
**COCOA FL 32922**

10. Name and Address of New Registered Agent

81 Name: SHREEKANT PATEL
82 Street Address (P.O. Box Number is Not Acceptable): 1502 W. KING ST.
83
84 City: COCOA, FL 85 Zip Code: 32922

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 X _____ 6th MAY '95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PSD | 11 TITLE | PSD | ☐ Change ☐ Addition |
| NAME | PATEL, NAVNIT B. | 12 NAME | SHREEKANT PATEL | |
| STREET ADDRESS | 1502 W. KING ST. | 13 STREET ADDRESS | 1502 W. KING ST. | |
| CITY-ST-ZIP | COCOA FL | 14 CITY-ST-ZIP | COCOA, FL. 32922 | |
| TITLE | VTD | 21 TITLE | VTD | ☐ Change ☐ Addition |
| NAME | PATEL, DIPTI D. | 22 NAME | SHREEKANT PATEL | |
| STREET ADDRESS | 1502 W. KING ST. | 23 STREET ADDRESS | 1502 W. KING ST. | |
| CITY-ST-ZIP | COCOA FL | 24 CITY-ST-ZIP | COCOA, FL. 32922 | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** X _____ 22 April '95 (Date) 407 631 7799 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0073486 CF