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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(1)

WATKINS, G. DESAI, INTERNATIONAL, INC.

FILED Mar 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					41811 81011 01011 81011 01911 1001	
6923 ATLANTIC BLVD. 6923 ATLANTIC BLVD. JACKSONVILLE FL 32211-8703 JACKSONVILLE FL 32211						
			11-8703	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	IIO DI AGE	
				10/24/1985		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2600440	Not Applicable	
⊢ • • • • • • • • • • • • • • • • • • •		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		City & State			Fee Required	
City & Stat	e	28		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	This corporation owes or has paid the		
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No	
	g Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent	
PAUL, HERMAN S 81 Name						
2468 ATLANTIC BLVD. JACKSONVILLE FL 32207			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City		85 Zip Code	
44 Pureuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Stati	ites the above-named cor	poration submits this statement for the purpos		
11, Pursuant office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized by the corpora	ation's board of directors. I hereby accept the	appointment as registered	
_	m tamiliar with, and accept the obliga	ations of, Section 607.0505, r	Torida Statutes.			
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NO	OTE: Registered Agent signature requ	uired when reinstating) DAT	E	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition	
NAME	DESAI, PRAKASH D.		1.2 NAME			
STREET ADDRESS	6923 ATLANTIC BLVD. JACKSONVILLE FL		1.3 STREET ADDRESS			
CITY-ST-ZIP	VD VD	DELETE	1.4 CITY - ST - ZIP		Change Addition	
TITLE	SHAH, MAHESH	□ nereie	2.1 TITLE		C. Cuantic C. Manifoli	
NAME OTRICET ADDRESSE	702 HAWSBILL ISLAND DR		2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS	SATELLITE BCH FL		2. 4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE	SD	☐ DELETE	3.1 TITLE		Change Addition	
NAME	SHAH, RASHMI		3.2 NAME		-	
STREET ADDRESS	702 HAWSBILL ISLAND DR		3.3 STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BCH FL		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME		•	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-2IP			4.4 CITY-ST-ZIP		- Character Control	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition	
TITLE		ש טנננונ	6.1 TITLE		The Taxanger	
NAME OTOTET ADODESS			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
CITY - ST - ZIP			■ 0.4 U(11 = 3 1 * Z)F			

14. Thereby 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 coloration 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.