

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M66674

(6)

1. Corporation Name

JEEWAN JYOTI ENTERPRISES, INC.

Principal Place of Business

**C/O ED. G. DELUDE
103 E. LAUREN CT.
FERN PARK FL 32730**

Mailing Address

**C/O ED. G. DELUDE
103 E. LAUREN CT.
FERN PARK FL 32730**

**APPROVED
AND
FILED**

95 MAY -1 AM 9:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/02/1988		3a. Date of Last Report 06/20/1991	
4. FEI Number 59-2874269		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No			

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25				2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30				9. Name and Address of Current Registered Agent DELUDE, ED. G. 103 E. LAUREN CT. FERN PARK FL 32730				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 fee if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	1.1 TITLE		Change Addition			
NAME	ADESH, HARI S	1.2 NAME		Change Addition			
STREET ADDRESS	103 E. LAUREN CT.	1.3 STREET ADDRESS		Change Addition			
CITY - ST - ZIP	FERN PARK FL 32730	1.4 CITY - ST - ZIP		Change Addition			
TITLE	VD	2.1 TITLE		Change Addition			
NAME	ADESH, VIVEK S	2.2 NAME		Change Addition			
STREET ADDRESS	103 E. LAUREN CT.	2.3 STREET ADDRESS		Change Addition			
CITY - ST - ZIP	FERN PARK FL 32730	2.4 CITY - ST - ZIP		Change Addition			
TITLE		3.1 TITLE		Change Addition			
NAME		3.2 NAME		Change Addition			
STREET ADDRESS		3.3 STREET ADDRESS		Change Addition			
CITY - ST - ZIP		3.4 CITY - ST - ZIP		Change Addition			
TITLE		4.1 TITLE		Change Addition			
NAME		4.2 NAME		Change Addition			
STREET ADDRESS		4.3 STREET ADDRESS		Change Addition			
CITY - ST - ZIP		4.4 CITY - ST - ZIP		Change Addition			
TITLE		5.1 TITLE		Change Addition			
NAME		5.2 NAME		Change Addition			
STREET ADDRESS		5.3 STREET ADDRESS		Change Addition			
CITY - ST - ZIP		5.4 CITY - ST - ZIP		Change Addition			
TITLE		6.1 TITLE		Change Addition			
NAME		6.2 NAME		Change Addition			
STREET ADDRESS		6.3 STREET ADDRESS		Change Addition			
CITY - ST - ZIP		6.4 CITY - ST - ZIP		Change Addition			

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)(b), 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:

VIVEK S. ADESH **Vivek Prasad** **Apr 28/95** **407-8364997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)