

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M66674 (6)

1. Corporation Name

JEEWAN JYOTI ENTERPRISES, INC.

Principal Place of Business

Mailing Address

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

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



3. Date Incorporated or Qualified 02/02/1988
3a. Date of Last Report 05/01/1995

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 % V. S. ADESH
Suite, Apt. #, etc

22 1207 N. PINE HILLS RD
City & State

23 ORLANDO, FL
Zip

24 32808
Country U.S.A.

2a. Mailing Address

26 % V. S. ADESH
Suite, Apt. #, etc

27 146 ILIAD CT
City & State

28 OCOCHEE, FL
Zip

29 34761
Country U.S.A.

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 ADESH, VIVEK S.
82 Street Address (P.O. Box Number is Not Acceptable) 146 ILIAD CT
83
84 City OCOCHEE FL 85 Zip Code 34761

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, if applicable,

(NOTE: Registered Agent signature required when resigning)

Aug 5/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ADESH, HARI S
STREET ADDRESS 103 E. LAUREN CT.
CITY-ST-ZIP FERN PARK FL 32730

TITLE VD
NAME ADESH, VIVEK S
STREET ADDRESS 103 E. LAUREN CT.
CITY-ST-ZIP FERN PARK FL 32730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME ADESH, HARI S
13 STREET ADDRESS 146 ILIAD CT
14 CITY-ST-ZIP OCOCHEE, FL 34761

21 TITLE VD
22 NAME ADESH, VIVEK S
23 STREET ADDRESS 146 ILIAD CT
24 CITY-ST-ZIP OCOCHEE, FL 34761

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIVEK S. ADESH

Aug 5/96

407-654-1621

CR2E034 (3/96)