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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # MQ1Q5Q

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90074 033 ***150.00

 Corporation SHYAM, 		1410100									
Principal Place	e of Busines		Maili	ing Address				-	III III IIII III III III	Old Establication	Albii Qibii ibbi
% GIRISH BRAHMBHATT % GIRISH BRAHMBHATT											
106 BROADWAY 106 BROADWAY								DO NOT WRITE IN THIS SPACE			
FELLSMERE FL 32948 FELLSMERE FL 32948								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
								07/28/1988			
2. Principal Pl	2. Principal Place of Business			2a. Mailing Address						pplied For	
n			26					00 0002011		ot Applicable	
Suite, Apt.	#, etc.		27					5. Certifcate of Status Desired		Fee F	Additional equired
City & State City & State								6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23	_		28					Trust Fund Contribution			to Fees
Zîp	Country		—¬	Zip		ntry		8. This corporation owes the current year Intangible Personal Property Tax. Yes No			Пио
24		25 and Address of Curre	29	red Agent	30			10. Name and Address of New	Registered A		
	a. Name	and Address of Carr	eur veñizte	ing Walle		81	Name		<u> </u>	<u> </u>	
BRAI	HMBRATT,	GRISH A.				_	0:	(D.C. Davidson in New Assessed	able)	_	
106 BROADWAY					82	Street Addre	ess (P.O. Box Number is Not Accept	able)			
FELLSMERE FL 32948						83					
						84	City		FL	85 Zip	Code
11. Pursuant	to the provis	ions of Sections 607.0	502 and 607	7.1508, Florida Statu	es, the at	oove	-named corpo	oration submits this statement for the n's board of directors. I hereby acce		changing it	s registered
office or n agent. I a	egistered ag m familiar w	ent, or both, in the Statith, and accept the obli	te of Florida gations of, S	Such change was a Section 607.0505, Flo	uthorized rida Statu	by t ites.	the corporation	n's board of directors. I hereby acce	pt the appoir	ntment as r	egistered
SIGNATURE	Clanatura trans	or printed name of registered a	gent and title if a	nonticable (NOTE	Registered	Agent	t signature required	when reinstating)	DATE		
12.	Signature, typed	OFFICERS /			13.	, ig	- arginatara roquira	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12
TITLE	DPS			☐ DELETE	1.1 TIT	LE				Change	☐ Addition
NAME		RATT, GRISH A.			1 2 NA	ME	Ì				
STREET ADDRESS							ADDRESS				
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STREET ADDRESS		ME FL		☐ DELETE	1.4 CFT 2.1 TFT 2.2 NA 2.3 ST 2.4 CF 3.1 TFT	TY-ST TLE ME REET TY-S	ADDRESS			☐ Change	-
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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 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, with all other like empowered.

SIGNATURE: