

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 25 1996 8:00 am
Secretary of State

DOCUMENT # N17322

1. Corporation Name
INDIA ASSOCIATION OF GREATER DAYTONA
BEACH INC.,

Principal Place of Business
5 QUEEN ANNE CT,
ORMOND BEACH
FLORIDA 32174

Mailing Address

3. Date Incorporated or Qualified 10-15-1986
3a. Date of Last Report June 1996

2. Principal Place of Business
21 VOLUSIA COUNTY
2a. Mailing Address
26 SAME AS ABOVE

4. FEI Number 59-2738109
Applied For
Not Applicable

Suite, Apt. #, etc. SAME AS ABOVE
22
27

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

City & State
23
28

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country
24
25
29
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

PANKAJ K. PATEL/DIRECTOR
5 QUEEN ANNE CT
ORMOND BEACH
FLORIDA 32174

10. Name and Address of New Registered Agent

81 Name - SAME -
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE P. PATEL PANIKAJ K. PATEL 07-08-96
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	VASANTI L. PATEL	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	ILA R. PATEL	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	NARENDRA PATEL	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	TREASURER/DIRECTOR	<input type="checkbox"/> DELETE
NAME	PANKAJ K. PATEL	
STREET ADDRESS	5 Queen Anne Ct	
CITY - ST - ZIP	Ormond Beach FL 32174	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	VASANTI L. PATEL	
13 STREET ADDRESS	1108 N. ATLANTIC AV.	
14 CITY - ST - ZIP	DAYTONA BEACH FL 32118	
21 TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SURYAKANT PATEL	
23 STREET ADDRESS	1800 S. ATLANTIC AVE.	
24 CITY - ST - ZIP	Daytona Beach, FL 32118	
31 TITLE	VICE PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	KISHORE PATEL	
33 STREET ADDRESS	1608 N US HWY 1, ORMOND BEACH	
34 CITY - ST - ZIP	FL 32174	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: P. PATEL TREASURER, PANIKAJ K. PATEL 07-08-96 9046733650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9042528331

CR2E037 (3/96)