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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N36077 (8)

1. Corporation Name
SHRI LAKSHMI NARAYAN MANDIR, INC.



Principal Place of Business: 251 KLONDIKE AVE. ORLANDO FL 32811 US
Mailing Address: 7136 IRONWOOD DR ORLANDO FL 32818-5849

3. Date Incorporated or Qualified: 01/12/1990
3a. Date of Last Report: 03/21/1996

2. Principal Place of Business: 21
2a. Mailing Address: 26 1557 East Springridge Circle
22. Suite, Apt. #, etc.: 27
23. City & State: 28 Wintergarden FL
24. Zip: 29 34787
25. Country: 30

4. FEI Number: 11-2709079
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

9. Name and Address of Current Registered Agent
JADONATH, PANDIT
7136 IRONWOOD DR
ORLANDO FL 32818

10. Name and Address of New Registered Agent
81 Name: JADONATH PANDIT
82 Street Address (P.O. Box Number is Not Acceptable): 1557 East Springridge Circle
83
84 City: Wintergarden FL 85 Zip Code: 34787

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSAUD, HARRY	1.2 NAME	
STREET ADDRESS	1215 PINE HILLS RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEDICA, RAMKARRAN	2.2 NAME	
STREET ADDRESS	5206 SHAKAR CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JADONATH, CHURAMAN	3.2 NAME	
STREET ADDRESS	5334 AVENEDO DEL SOL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JADONATH, YADO	4.2 NAME	JADONATH YADO
STREET ADDRESS	1557 E. SPRINGRIDGE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAJRHINGI, PALAT	5.2 NAME	CHARAN SINGH
STREET ADDRESS	5206 SHAKAR CIRCLE	5.3 STREET ADDRESS	6323 Fortune Ln
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	D Apopka FL 32712
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SENBAWAN, ROYSINGH	6.2 NAME	Pertab Rampersaud
STREET ADDRESS	1433 ORANOLE ROAD	6.3 STREET ADDRESS	5206 Shakar Circle
CITY-ST-ZIP	MATLAND FL	6.4 CITY-ST-ZIP	Orlando FL 32808

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pandit J Adonath REQUIRED 1/22/97 407 654-0826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017437

CR2E037 (9/96)