

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N40416** (2)

1. Corporation Name

**SATYAKAAM SANSKRITI SABHA, INC.**



|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Principal Place of Business                     |  | Mailing Address                                       |  | 3. Date Incorporated or Qualified   |  |
| 311 E PALM AVE<br>TAMPA FL 33602<br>US          |  | PO BOX 173241<br>TAMPA FL 33672<br>US                 |  | 10/19/1990  |  |
| 2. Principal Place of Business                  |  | 2a. Mailing Address                                   |  | 4. FEI Number   |  |
| 21  |  | 26  |  | 59-3034726  |  |
| Suite, Apt. #, etc.                             |  | Suite, Apt. #, etc.                                   |  | Applied For   |  |
| 22  |  | 27  |  | Not Applicable  |  |
| City & State                                    |  | City & State  |  | 6. Certificate of Status Desired  |  |
| 23  |  | 28  |  | X \$8.75 Additional Fee Required  |  |
| Zip   |  | Zip   |  | 6. Election Campaign Financing  |  |
| 24  |  | 29  |  | Trust Fund Contribution   |  |
| Country   |  | Country   |  | 7. Is this nonprofit corporation a homeowners association?  |  |
| 25  |  | 30  |  | Yes No  |  |
| 9. Name and Address of Current Registered Agent |  | 10. Name and Address of New Registered Agent          |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |  |
| SONNYLAL, DINDIAL B                             |  | 81 Name   |  | Yes No  |  |
| 311 E PALM AVE                                  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |   |  |
| TAMPA FL 33602                                  |  | 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

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                      | PD                     | 1.1 TITLE   |                       |
| NAME                       | SHARMA, SEWNARNE       | 1.2 NAME  |                       |
| STREET ADDRESS             | 1006 PINEHAVEN CT      | 1.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | BRANDON FL             | 1.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | SD                     | 2.1 TITLE   |                       |
| NAME                       | SONNYLAL, DINDIAL B.   | 2.2 NAME  |                       |
| STREET ADDRESS             | 5549 24TH AVE NORTH    | 2.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | ST PETERSBURG FL       | 2.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | TD                     | 3.1 TITLE   |                       |
| NAME                       | SINGH ARNASON, SHANTIA | 3.2 NAME  | SINGH, SHANTIA        |
| STREET ADDRESS             | 3052 7TH AVE N         | 3.3 STREET ADDRESS                                    | 3052 - 7th AVE. NORTH |
| CITY-ST-ZIP                | ST PETERSBURG FL       | 3.4 CITY-ST-ZIP                                       | ST. PETERSBURG, FL.   |
| TITLE                      | D                      | 4.1 TITLE   |                       |
| NAME                       | SENAPATI, KIRON        | 4.2 NAME  |                       |
| STREET ADDRESS             | 9510 NORCHESTER CIR    | 4.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | TAMPA FL               | 4.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                        | 5.1 TITLE   |                       |
| NAME                       |                        | 5.2 NAME  |                       |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                        | 5.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                        | 6.1 TITLE   |                       |
| NAME                       |                        | 6.2 NAME  |                       |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                        | 6.4 CITY-ST-ZIP                                       |                       |

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

SIGNATURE:

*Dindial B. Sonnylal*

2/26/98

CR2E037 (10/97)