## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Aug 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N95000004489 (9)

## INSTITUTE OF MAHAYOGA & NATURAL HYGIENE, INC.

Principal Place of Business Mailing Address 6651 CUSTER STREET 6651 CUSTER STREET HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 09/20/1995 04/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0615238 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Ø 5. Certificate of Status Desired Fee Required 27 22 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zip 8. This corporation owes or has paid the current year intaggible 30 Personal Property Tax due June 30. ☐ Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SARMA, ARUN A 82 Street Address (P.O. Box Number is Not Acceptable) **6851 CUSTER STREET** 83 HÖLLYWOOD FL 33024 84 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition PD 1.1 TITLE TITLE SARMA, ARUN A NAME 1.2 NAME 6651 CUSTER STREET STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33024-1946 1.4 City - ST - 7/P CITY-ST-ZIP □ DELETE Change Addition TITLE STD 2.1 TITLE SARMA, GIRIJA NAME 2.2 NAME **6651 CUSTER STREET** STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 33024-1946 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 3.1 TITLE Addition TITLE NAME SARMA, SIVA K 3.2 NAME 6651 CUSTER STREET 3.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024-1946 CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP □ DELETE Addition Change 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. To 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 supplymental 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 veceiver or trustee empowered to execute this epop as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a hattachment with an address.

SIGNAMOS DECLIDED!