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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000000965 (2)

SHRI JALARAMBAPA, INC.

FILED

Apr 13 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address				1149	3.001 erb ibida serit Adier Adier Ad	76 0611 6916 7016 14119 C	11193 8411 1881	
800 HARRISON AVENUE 800 HARRISON AVENUE								
PANAMA CITY FL 32401 US		PANAMA CITY FL 32401 US			DO NOT WRITE IN THIS SPACE			
00 00				3. Date In	3. Date incorporated or Qualified			
				1	1/1992			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Nu		I A	pplied For	
21	SAME AS Brock 1	26 SAME AS	BLOCK	1 59	3157469	N	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.			ate of Status Desired	\$8.75	Additional	
22	N-A -	127	<u> </u>	O. Corano	ale of Status Desired	Fee R	equired	
City & State	N.X.	City & State	Α.	l l	n Campaign Financing		May Be	
23		[28]			und Contribution		to Fees	
Zip	Country N.A.	Zip N.A. an	Country		rporation owes or has pa	id the current year In 30. 🔼 Yes [tangible No S-(c Pf	
24	9, Name and Address of Currer	[20]	<u> </u>		al Property Tax due June and Address of New Re		7 140 70-50-1	
DA	TEL. CHHAGANIAL G		B1 Nan		HONE-	green and and		
	DS W. HWY. 98			·	· - ·			
PANAMA CITY FL 32401			82 Stre	82 Street Address (P.O. Box Number is Not Acceptable)				
	TOWNS CITTLE DETOT		83	N·A				
			84 City			leel 7:-	0.4.	
			84 City	N.A	•	FL 85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.								
SIGNATURE								
12.	Signature, typed or printed name of registered ag-		ristered Agent signa 13.	lure required when reinstating) DNS/CHANGES TO OFFIC	DATE	DO IN 10	
TITLE	ST OFFICERS AN		1.1 TITLE	ADDITIC	NS/CHANGES TO OFFIC	Change	Addition	
NAME	PATEL, SATISHKUMAR M		1.2 NAME			C Ollarige	L AUGAIGA	
STREET ADDRESS	900 HARRISON AVE		1.3 STREET ADDRES	, <u>.</u>				
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	~			[:	
TITLE	D		2.1 TITLE			Change	Addition	
NAME	PATEL, NIRU		2.2 NAME					
STREET ADDRESS	5003 W. HWY 96		2.3 STREET ADDRES	25				
CITY-ST-ZIP	PANAMA CITY FL 32401		2. 4 CITY-ST-ZIP	~				
TITLE			3.1 TITLE			☐ Change	Addition	
NAME		1.	3.2 NAME			-	l	
STREET ADDRESS		1.	3.3 STREET ADDRES	is			İ	
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELFTE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME				i	
STREET ADDRESS		.	4.3 STREET ADORES	is				
CITY-ST-ZIP			4.4 CITY+ST-ZIP	<u> </u>				
TITLE			5.1 TITLE			Change	Addition	
NAME		! :	5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRES	s J				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				F" 4	
TITLE			6.1 TITLE	}		Change	Addition	
NAME		•	6.2 NAME					
STREET ADDRESS		1	6.3 STREET ADDRES	S			ł	
CITY-ST-ZIP			64 CITY-ST-7IP	I			- 1	

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.

SIGNATURE: