FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000001933 (9)

WEEKIW	ACHEE INVESTMENT, INC.					
5574 COMMERCIAL WAY 5574 COMME		Mailing Address 5574 COMMERCIAL WAY SPRINGHILL FL 34606-11	DIMMERCIAL WAY		1 180(188) 110 1950¥ 11111 VOIH 94(1) JR	
					 Date Incorporated or Qualified 01/04/1993 	3a. Date of Last Report 04/03/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26		26		59-3162883	Not Applicable	
Suite, Apt. #, etc.		Sunte, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State)	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 28			Count		Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip (29)	Countre 30	У	This corporation has liability for Florida Statutes	or intangible tax under s. 199.032,
24	25 29 : 9. Name and Address of Current Registered Agent		1301		10. Name and Address of New Registered Agent	
GAN	DHI, DINESH P		8	Name		
	COMMERCIAL WAY		8:	Street Ac	dress (P.O. Box Number is Not Accept	able)
	9 NORTHCLIFF BL		L		out of the sea of the	
SPR	ING HILL FL 34606		8:	ľ		
1			8	City		85 Zip Code
	10 20 00 00	10074500 61-24-014				FL 69 ZIP GGGe
SIGNATURE					orporation submits this statement for the ration's board of directors. I hereby acc	
12.	Signature, typed or puried name of registered agent OFFICERS AND		13.	jent signature rei	quired when reinstaling) ADDITIONS/CHANGES TO OFF	DATE
1-TLE	Ď	DELETE	1.1 TITLE	T	75511010/0/01/14020 10 0/	Change Addition
NAME	GANDHI, DINESH P		1.2 NAME	1		
STREET ADORESS	5574 COMMERCIAL WAY		1.3 STRE	T ADDRESS		
CHY-SI-2IP	SPRING HILL FL		1.4 C/TY-	ST-ZIP		
THLE	D DELETE		2.1 TITLE			Change Addition
NAME .	GANDIHI, JOYTI		2.2 NAME	į		
STREET ADDRESS	5574 COMMERCIAL WAY		2.3 STRE	T ADDRESS		
C-TY - ST - ZiP	SPRINGHILL FL		2. 4 CiTY			
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	\ \ \		
STREET ADDRESS				T ADORESS		
C-TY - ST - ZIF		DELETE	34 CITY 41 TITLE			Change Addition
THUE		_ Dett it	4 2 NAM			Change C / Canton
NAME STREET ADDRESS				T ADDRESS		
CHY-SI-ZIP			4.4 CiTY-	1		
TITLE		DELETE	51 THILE			Change Addition
NAME		-	5.2 NAMI	ŀ		
STHELT ADDRESS				T ADDRESS		
CITY - \$1 - 7-2			5.4 CITY			
Tiftif		DELETE	6.1 TITLE		717711111111111111111111111111111111111	Change Addition
NAME			6.2 NAM			
STREET ASIDRESS			6.3 STRE	1 ADDRESS		

14. I do hereby certily 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 eath; 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