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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

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Apr 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300007189 (2)

PARBATTIE WONG SOMWAR INC.

<u> </u>		·····			
Principal Place of Business Mailing Address 690 OLD WINTED CAPDEN DD 5220 OLD WINTED CAPDEN					
5220 OLD WINTER GARDEN RD. ORLANDO FL 32811	5220 OLD WINTER GA ORLANDO FL 32811	ARDEN RD.			
Gillando i e agoi,	OND STOCK OF SECTION	ONE SECTION OF SECTION		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified		
• D. L. L. D			01/19/1993		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	··· <u> </u>	59-3154990	Not Applicab	
2	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
3	28		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation owes or has p	paid the current year intangible	
25	29	30	Personal Property Tax due Jun	e 30. 🔲 Yes 🗶 No	
	of Current Registered Agent		10. Name and Address of New R	egistered Agent	
SOMWAR , PARBATTIE W		81 Name			
1074 PROVIDENCE LANE		82 Street Add	dress (P.O. Box Number is Not Accepta	able)	
O VIEDO FL 32765					
		83			
		84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code	
	607 6500 1 807 4100 51 11 - 0			FL 00 24 0000	
Pursuant to the provisions of Sections office or registered agent, or both, in t	i 607.0502 and 607.1508, Florida Stati the State of Florida. Such change was	tutes, the above-named cor is authorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acci	purpose of changing its registered opt the appointment as registered	
agent. I am familiar with, and accept t	the obligations of, Section 607.0505, I	Florida Statutes.	•		
SIGNATURE			ived when sainstaling)	DATE	
SIGNATURE Stgnature, typed or printed name of re	ignitized agent and little if applicable (NC	OTE Registered Agent's gnature requ		DATE	
SIGNATURE Signature, typed or printed name of re			ared when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
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