SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jul 24 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000021619 (0)

GEETANJALI, INC.

MEET						 		
Principal Plac	ee of Business	Mailing Address				-		
C/O KAM SHAH		· ·						
9536 CASTLEFORD POINTE		C/O KAM SHAH 9536 CASTLEFORD PO	9536 CASTLEFORD POINTE					
ORLANDO FL 32836 ORLANDO FL 32836						DO NOT WRITE	E IN THIS SPACE	
						3, Date Incorporated or Qualified	3a. Date of Last Report	
						03/19/1993	07/09/,1996	
	Place of Business	2a, Mailing Address				4. FEI Number	Applied For	
Suite, Apt. #, etc.		26				59-3175902	Not Applicable	
22 Suite, Apr.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6 Station Committee States				
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be			
Zip	· · · · · · · · · · · · · · · · · · ·			untry		8. This corporation owes or has pa		
24	25	29	30			Personal Property Tax due June		
	9, Name and Address of Curre			T		10. Name and Address of New Re		
SH	IAH, KAM			81	Name			
9536 CASTLEFORD POINTE				82	Street Addre	ldress (P.O. Box Number is Not Acceptable)		
	RLANDO FL 32836			02	Street Attack	sas (F.O. BOX Nulliber is Not Accepta	biej	
				83				
				84	City		85 Zip Code	
					,		FL 1	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta					e-named corpo	pration submits this statement for the	purpose of changing its registered	
agent. La	am familiar with, and accept the oblig	gations of, Section 607,0505, F	lorida Sta	tutes	чне согроган. В	on's board or directors, Friereby acce	pr the appointment as registered	
SIGNATURE								
	Signature, typed or printed name of registered ag	·		d Age	nt signature require		DATE.	
12.	PD OFFICERS AN	ND DIRECTORS DELETE	13. 1.1 1	171.5		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition	
NAME	ODEDAL ADMINIST						Citalige [1] Applition	
STREET ADDRESS	3013 ALOMA AVENUE	1.2 NAME 1.3 STREET ADDRESS		+DDDCCC				
CITY-ST-ZIP	WINTER PARK FL 32789							
TITLE	VST	DELETE		1.4 CITY - ST - ZIF 2.1 TITLE			Change Addition	
NAME	SHAH, KAM		2.2 NAME					
STREET ADDRESS	3013 ALOMA AVENUE		2 3 STREET ADDRESS		ADORESS			
CITY-ST-ZIP WINTER PARK FL 32789			2 4 CITY - ST- ZIP					
TITLE		☐ DELETE	3 1 TITLE				Change Addition	
NAME	3		3.2 N	AME			-	
STREET ADORESS	ADDRESS		3.3 S	TREFT.	ADDRESS			
CITY-ST-ZIP			3.4. 0	IIY-S	I-ZIP			
TITLE	DELETE 4		4.1 TJ	TLE			☐ Change ☐ Addition	
NAME			4.2 N	IAME				
STREET ADDRESS			4 3 S	TALET	ADDRESS			
CITY-ST-ZIP			ITY-ST	T- ZIP				
TITLE	DELETE 511		TLE	T		☐ Change ☐ Addition		
NAME			5.2 N/	AME				
STREET ADDRESS			5 3 STREET ADDRESS		ADDRESS			
City-St-ZIP				TY-SI	T - ZIP			
THLE		☐ DELETE	611				Change Addition	
NAME			6.2 N/					
STREET ADDRESS			6.3 S1	IREET A	ADDRESS		:	
CITY-ST-ZIP			6.4 CI	1Y - S1	1- ZIP			

14. I do 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.

CICHATHER DE CHIEFLE & 218193 405-8767172