

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000022643 (9)

1. Corporation Name

KOYLESHWARI CORPORATION



Principal Place of Business

9548 CITRUS SPRINGS BLVD.
CITRUS SPRINGS FL 34434

Mailing Address

9548 CITRUS SPRINGS BLVD.
CITRUS SPRINGS FL 34434

2. Principal Place of Business

21 7141 SE CR 25

Suite, Apt. #, etc.

22

City & State

23 BE::EVOEW. FL

Zip

24 34420

Country

25 USA

2a. Mailing Address

26 7141 SE CR 25

Suite, Apt. #, etc.

27

City & State

28 BELLEVIEW, FL

Zip

29 34420

Country

30 USA

3. Date Incorporated or Qualified

03/23/1993

3a. Date of Last Report

03/28/1995

4. FEI Number

59-3170809

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PATEL, ASHOKBHAI C
9548 CITRUS SPRINGS BLVD.
CITRUS SPRINGS FL 34434

10. Name and Address of New Registered Agent

81 Name

PATEL, ASHOKBHAI C.

82 Street Address (P.O. Box Number is Not Acceptable)

11370 SE 75TH COURT

83

84 City

BELLEVIEW

FL

85 Zip Code

34420

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PATEL, ASHOKBHAI C
STREET ADDRESS 9548 CITRUS SPRINGS BLVD.
CITY-ST-ZIP CITRUS SPRINGS FL 34434

TITLE D ☐ DELETE

NAME PATEL, ARUNABEN A
STREET ADDRESS 9548 CITRUS SPRINGS BLVD.
CITY-ST-ZIP CITRUS SPRINGS FL 34434

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME PATEL, ASHOKBHAI C
1.3 STREET ADDRESS 11370 SE 75TH COURT
1.4 CITY-ST-ZIP BELLEVIEW, FL 34420

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME PATEL, ARUNABEN A
2.3 STREET ADDRESS 11370 SE 75TH COURT
2.4 CITY-ST-ZIP BELLEVIEW, FL 34420

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASHOK. C. PATEL

3-16-96

352-307-1373

DATE

DAYTIME PHONE #

CR2E034 (12/95)