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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000034093 (3)

8 TILL Principal Plac	LATE AT SURFSIDE INC.	Mailing Address				
•		693 NORTH THIRD S	)T			
693 NORTH THIRD STREET 693 NORTH THIRD ST.  JACKSONVILLE FL 32250 JACKSONVILLE BCH FL 32						
U\$		US			DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualified	
<del></del>					05/12/1993	
2. Principal P	Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
		<del></del>		59-3180848	Not Applicabl	
Suite, Apr. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
28					Trust Fund Contribution	
<b>Z</b> ip	Country	Zip	Count	try	8. This corporation owes or has paid the	e current year Intangible
4			30		Personal Property Tax due June 30.	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registe	red Agent
	HIKHA, BHAGRATH		8	11 Name		
623 N. 3RD ST Jacksonville fl 32250			8	2 Street Add	fress (P.O. Box Number is Not Acceptable)	
			8			
			6	3		
			8	4 City		85 Zip Code
					poration submits this statement for the purpo alion's board of directors. I hereby accept the	FL 183 ZIP COGO
SIGNATURE				Agent signaturo requ	ADDITIONS/CHANGES TO OFFICERS	ATE AND DIRECTORS IN 12
TITLE	<b>DPS</b> DELETE		13.			☐ Change ☐ Addition
NAME .	BHIKHA, BHAGIRATH		1.2 NAM	£ )		
STREET ADORESS			1.3 S1RE	ET ADORESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL		1.4 CITY	-\$1-ZIP		
TITLE	DVP	☐ DELETE	2.1 1171.6			☐ Change ☐ Addition
NAME	BHIKHA, SUNIL		2.2 NAM	E		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL			'-SI-ZIP		
TITLE	DVP	☐ DELETE	3.1 THE	}		Change Addition
NAME	PARAG, JAYESH 8300 PLAZA GATE LANE S APT 1123		3.2 NAM	I		
STREET ADDRESS	JACKSONVILLE FL	AFI 1123		E1 ADDRESS		
CITY-ST-ZIP TITLE	DT DT	DELETE		'-SI-ZIP		Change Addition
NAME	PATEL, DILIP Z	[] <i>V</i> (()[	4.1 TITLE 4. 2 NAM	- 1		Li Change Li Addition
STREET ADDRESS	4605 CONFEDERATE OAK	DR		ET ADDRESS		
CITY+ST-ZIP	JACKSONVILLE FL	<del></del>	4.3 SINC 4.4 CITY			
TITLE	DVP	DELETE	5.1 TITLE			Change Addition
NAME	PATEL, KANTI A		D.R. 5.2 NAM	ŧ Ì		
STREET ADDRESS	3000 CORONET LANE APT	-128 13121 QUINCY B		ET ADDRESS		
CITY-ST-ZIP		L24.	5.4 CITY	-SI-ZIP		
TITLE		DELETE	61 TITLE			Change Addition
NAME			6.2 NAM	ξ		
CIDELL TUDOLCC			6.2 5.100	ET ADDRESS		

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 Statules. 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Ulclas

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**FILED** 

Apr 14 1998 8:00am

Secretary of State