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**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000041696 (4)

1. Corporation Name
THE INDIGO TRADING CORP.



Principal Place of Business:

**4150 KING STREET
COCOA FL 32926**

Mailing Address:

**4150 KING STREET
COCOA FL 32926-4166**

3. Date Incorporated or Qualified
06/07/1993

3a. Date of Last Report
08/12/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0416239

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHHABRA, K C
4150 KING STREET
COCOA FL 32926**

81 Name

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

83

84 City

FL

85 Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD MALLICK, NISHI**
STREET ADDRESS **2901 BELMAR STREET**
CITY - ST - ZIP **FT. LAUDERDALE FL 33304**

1.1 TITLE **CHHABRA, KRISHAN C** Change Addition
1.2 NAME **PRESIDENT**
1.3 STREET ADDRESS **4150 W. KING STREET**
1.4 CITY - ST - ZIP **COCOA, FL 32926**

TITLE DELETE
NAME **S CHHABRA, KRISHAN C**
STREET ADDRESS **4150 KING STREET**
CITY - ST - ZIP **COCOA FL 32926**

2.1 TITLE **DIS** Change Addition
2.2 NAME **MALLICK, NISHI**
2.3 STREET ADDRESS **2901 BELMAR STREET**
2.4 CITY - ST - ZIP **FT LAUDERDALE FL 33304**

TITLE DELETE

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE

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 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.

SIGNATURE:

Signature of Krishan C Chhabra
KRISHAN C CHHABRA 4/24/97 (405) 632 5721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)