FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:41

DOCUMENT # **P93000047195 (1)**

1. Corporation Name
SHREE KOTIYARK, INC.

Principal Place of Business	Mailing Address
10425 VIA DEL SOL ORLANDO FL 32817	10425 VIA DEL SOL ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1993
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21: 3733 GOLDENROD RD.
22 Suite, Apt. #, etc.: #703
23 City & State: WINTER PARK, FL.
24 Zip: 32792
25 Country:

2a. Mailing Address
26: 3733 GOLDENROD RD.
27 Suite, Apt. #, etc.: #703
28 City & State: WINTER PARK, FL.
29 Zip: 32792
30 Country:

4. FEI Number: 59-3192168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

CHOKSHI, DINESH
201 PARK PLACE
SUITE 103
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: PANNA H. PATEL
82 Street Address (P.O. Box Number is Not Acceptable): 3733 GOLDENROD RD. #703
83:
84 City: WINTER PARK **FL** 85 Zip Code: 32792

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: X Panna Patel - PRESIDENT 5-15-95
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	PD	11 TITLE	☒ Change ☐ Addition PD
NAME	CHOKSHI, BHARTI D	12 NAME	PATEL, H. PANNA
STREET ADDRESS	10425 VIA DEL SOL	13 STREET ADDRESS	3733 GOLDENROD RD. #703
CITY-ST-ZIP	ORLANDO FL 32817	14 CITY-ST-ZIP	~~Winter Park, Fl. 32792~~
TITLE	VD	21 TITLE	☐ Change ☐ Addition VD
NAME	PATEL, PANKAJ R	22 NAME	PATEL, H. PANNA
STREET ADDRESS	201 PARK PLACE #103	23 STREET ADDRESS	3733 GOLDENROD RD. #703
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	24 CITY-ST-ZIP	WINTER PARK, FL. 32792
TITLE	ST	31 TITLE	☒ Change ☐ Addition ST
NAME	CHOKSHI, DINESH R	32 NAME	PATEL, H. PANNA
STREET ADDRESS	10425 VIA DEL SOL	33 STREET ADDRESS	3733 GOLDENROD RD. #703
CITY-ST-ZIP	ORLANDO FL 32817	34 CITY-ST-ZIP	WINTER PARK, FL. 32792
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	REMITTED BY MAIL
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: X Panna Patel 4-29-95 407-671-7009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

0060541 CP