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FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90027 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000052372

1. Corporation Name
SURYA, INC.

Principal Place of Business
**333 MIRACLE STRIP PKWY SW
FT WALTON BEACH FL 32548**

Mailing Address
**333 MIRACLE STRIP PKWY SW
FT WALTON BEACH FL 32548**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/26/1993

4. FEI Number
59-3198280

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **Hampton Inn**

26 Suite, Apt. #, etc.

22 **3109 S. Fernon**

27 City & State

23 **Crestview, FL**

28 City & State

24 Zip Country

29 Zip Country

25 **32536**

29 **32536**

9. Name and Address of Current Registered Agent

**PATEL, NARESH
1029 HWY 98 E
DESTIN FL 32541**

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE
NAME **CHAUHAN, PRAVIN**
STREET ADDRESS **333 MIRACLE STRIP PKWY SW**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE **D** ☐ DELETE
NAME **CHAUHAN, DHANSUKH**
STREET ADDRESS **209 MIRACLE STRIP PKWY SW**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE **D** ☐ DELETE
NAME **PATEL, NARESH**
STREET ADDRESS **1029 HWY 98 E**
CITY-ST-ZIP **DESTIN FL 32541**

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D. CHAUHAN PRAVIN ☒ Change ☐ Addition
135 MIRACLE STRIP PKWY SW
FT. WALTON BEACH FL 32548

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Secretary ☒ Change ☐ Addition
D. CHAUHAN DHANSUKH
209 MIRACLE STRIP PKWY SW
FT. WALTON BEACH FL 32548

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

President ☒ Change ☐ Addition
Patel, Narendra
1029 HWY 98 E
DESTIN FL 32541

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/99 850 837 4667

CR2E034 (1/98)