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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300056680 (0)

OFFSHORE PROPERTY INVESTMENTS, INC.

FILED Jan 17 1997 8:00am Secretary of State



Principal Pl	lace of Business	Mailing Address) SOUTHWARD SEA SELED MARK DONE DONE DONE DONE DESCRIPTION OF SEA DESCRIPTION OF SEASON			
1001 GREENWOOD BLVD. LAKE MARY FL 32746 US		1001 GREENWOOD BLVD. LAKE MARY FL 32746-5405 US							
03						3. Date Incorporated or Qualified 08/12/1993	L.	ate of Last F 24/1996	leport
2. Principa	al Place of Business	2a, Mailing Address				4. FEI Number		Ar	oplied For
21		26			59-3203045			ot Applicable	
Suite, A	Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional equired	
City & S	State	City & State			6. Election Campaign Financing		\$5.00 May Be		
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zıp		untr	y	8. This corporation has liability for			s. 199.032,
24	25	29	30				Yes		
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New R	gistered .	Agent	***
	AGGARWAL, ASHOK			"	Ivanie				
	1001 GREENWOOD BLVD		8		Street Add	ress (P.O. Box Number is Not Accepta	bie)		
L	AKE MARY FL 32746			83				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				84				ar 7.0	Code
				04	City		FL	85 Zip	Code
SIGNATUR	Signature: types or punted name or regulared agri OFFICE RS AN		OTE: Register		ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	RS IN 12
TITLE	PD	DELETE		IITLE	T			☐ Change	Additio
NAME	AGGARWAL, ASHOK K		121	MAME					
STREET ADDRES			135	STREE	T ADDRESS				
CITY - ST - ZIP	LONGWOOD FL 32779		1.4 (CITY-	ST-ZIP				
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NAME	AGGARWAL, NEELAM		- 1	MAME					
STREET ADDRES	1056 EDMISTON PLACE LONGWOOD FL				T ADDRESS				
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64 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 is changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND THEO COMMING DAME OF SIGNING OFFICER OR DIRECTOR

1097 407 444 2005