SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000068573 (3)**

1. Corporation Name
AKSHERBRAHM, INC.

Principal Place of Business	Mailing Address
2400 SW #107 STE 107 OCALA FL 34471 US	2210 S. PINE AVE. OCALA FL 34471

3. Date Incorporated or Qualified: 09/27/1993
3a. Date of Last Report: 01/19/1995

2. Principal Place of Business
21: OCALA WEST PLAZA
22 Suite, Apt #, etc: # 107
23 City & State: OCALA FL.
24 Zip: 34474 25 Country: U.S.A.

2a. Mailing Address
26: 2400 S.W. COLLEGE RD.
27 Suite, Apt #, etc: # 107
28 City & State: OCALA FL. 34474
29 Zip: 34474 30 Country: U.S.A.

4. FEI Number: 59-3202768 — 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

PATEL, NAVINCHANDRA I
2210 S. PINE AVE.
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name: N/A
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: — DATE:
Signature, typed or printed, of individual registered agent and title, if applicable (NOTE: Registered Agent signature required when transacting)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	PATEL, NAVINCHANDRA I		12 NAME	
STREET ADDRESS	~~2210 S. PINE AVE.~~ 2400 S.W. COLLEGE RD # 107		13 STREET ADDRESS	N/A
CITY-ST-ZIP	OCALA FL 34471		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	PATEL, JITENDRA N		22 NAME	
STREET ADDRESS	~~2210 S. PINE AVE.~~ 2400 S.W. COLLEGE RD # 107		23 STREET ADDRESS	N/A
CITY-ST-ZIP	OCALA FL 34471		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	PATEL, GIRISH N		32 NAME	
STREET ADDRESS	~~2210 S. PINE AVE.~~ 2400 S.W. COLLEGE RD. # 107		33 STREET ADDRESS	N/A
CITY-ST-ZIP	OCALA FL 34471		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	PATEL, DIPIKA N		42 NAME	
STREET ADDRESS	~~2210 S. PINE AVE.~~ 2400 S.W. COLLEGE RD # 107		43 STREET ADDRESS	N/A
CITY-ST-ZIP	OCALA FL 34471		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS	—		53 STREET ADDRESS	—
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	—		62 NAME	—
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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

SIGNATURE: [signature] NAVINCHANDRA 6-7-96 352-237-1775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #