

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000069886 (8)

1. Corporation Name
MANISHA, INC.



Principal Place of Business
257 HWY 17 NORTH
PALATKA FL 32177

Mailing Address
RT. 6 BOX 440
PALATKA FL 32177

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 MANISHA INC

27 Suite, Apt. #, etc. RT 6. BOX 440

28 City & State PALATKA FL

29 Zip 32177 30 Country PUTNAM

3. Date Incorporated or Qualified
10/07/1993

3a. Date of Last Report
01/05/1996

4. FEI Number
59-3208134

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

BABUL PATEL
257 HWY 17 N.
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name Nitin Patel
82 Street Address (P.O. Box Number is Not Acceptable) Route 6, Box 440
83
84 City Palatka FL 85 Zip Code 32177

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

Nitin Patel
Signature typed or printed name of registered agent and title, if applicable

(DATE) Registered Agent Signature required when registering

4/9/96

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PATEL, BABULAL
STREET ADDRESS RT. 6 BOX 440 N/A
CITY- ST- ZIP PALATKA FL 32177 ☐ DELETE

TITLE V-P; S; T
NAME Nitin Patel
STREET ADDRESS Route 6, Box 440
CITY- ST- ZIP Palatka, FL 32177 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP ☒ Change ☐ Addition

21 TITLE V-P; S; T
22 NAME Nitin Patel
23 STREET ADDRESS Route 6, Box 440
24 CITY- ST- ZIP Palatka, FL 32177 ☐ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP ☐ Change ☐ Addition

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)(k), 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: *B Patel* Babul Patel, President 4/9/96 904-328-2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)