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 # P93000072049 (8)

NEEJAL CORPORATION

FILED Apr 29 1997 8:00am Secretary of State

I IRBANDO INCIDIDO NEM DENO DE LO CONTRADA DE LA C

 								
Principal Place of Business Mailing Address					r seetimet, tid edsee filst datte datte datte datte foote foote datte orde best and i			
400 NORTH MA KISSIMMEE FL		P.O. BOX 149428 ORLANDO FL 32814-9428						
					Date Incorporated or Qualified 10/11/1993	3a. Date of		leport
2, Principal Place of Business		2a. Mailing Address		4. FEI Number	1		oplied For	
21		26			59-3206629 Not Applicat			ot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$		Additional
22 City & Stote		27			C. Commond of Change Book Ch		Fee Re	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	ing \$5.00 May Be Added to Fees		
Zip	Country	Zip	Countr	у	8. This corporation has liability for it			
24	25	29	30			Yes N		. 189.032,
g, Name and Address of Current Registered Agent					10. Name and Address of New Re	stered Age	nt	
THAI	KKAR, HEMENDRA		81	Name				
1080 WOODCOCK RD.			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
SUITE 285			******			- /		
ORLANDO FL 32803-3514			83					
			84	City		8	5 Zip	Code
			<u>l</u>	1		PLI		
11. Pursuant office or i	to the provisions of Sections 607,050 registered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida. Such change was	utes, the abov authorized b	re-named cor v the corpora	poration submits this statement for the pution's board of directors. I hereby accen	urpose of cha the appoint	anging it ment as	s registered
agent. I s	im familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statute	s.	poration's board of directors. I hereby accep	THO Uppoint	non us	registered
SIGNATURE	Signature, typed or printed name of registered ag	and and the Manufacture of the American	Service de la company					
12.		ID DIRECTORS	13.	ient signature requ	aired whon reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	OFOTOS	C IN 10
TITLE	D	DELETE	1.1 TOTLE		ADDITIONS/OTIANGES TO OTHE		Change	Addition
NAME	PATEL, VIRENDRA		1.2 NAME			_		
STREET ADDRESS	5175 WARRIOR LANE			1 ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34746		1.4 C(TY-					
TITLE			2.1 TrillE	<u> </u>			Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34746		2. 4 CITY-	\$T-ZIP				
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME		•			
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP		····	3.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY-	ST-ZIP			Chart	1.420
TITLE NAME		LJ DELETE	5111111			لسا	Change	☐ Addition
HAME	l e e e e e e e e e e e e e e e e e e e		5.2 NAME	l l				

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 sequel report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director by the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my riame appears in Block 12 or Block 13 or on an attachment with an address.

5 3 STREET ADDRESS

5 4 CITY-ST-7IP

61 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

DELETE

4/2/192

(407)935-0972

Change

Addition