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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000076218

Corporation Na	EN # P93000 ED CORPORATION	JU10210		,	 	OSKI OBIIL IBBIH DIAKE IITUK IA	161 (51) (68)
single Place of	f Business	Mailing Address			1105/105/105		
Principal Place of Business 9 E. SOUTHWEST 15TH STREET 1837 S. STATE ROAD 7 FT. LAUDERDALE FL. 33317							
ANIA FL 33004 FT.		FT. LAUDERDALE FL 33317			DO NOT WRITE	IN THIS SPACE	 7
3					3. Date Incorporated or Qualifed		
					11/03/1993	And	plied For
. Principal Place of Business		2a. Mailing Address 26			65-0445605 \$8.75 Additional		
		City & State			6. Election Campaign Financing	\$5.00	
City & State		├ ┐ ′			Trust Fund Contribution	Added t	o Fees
	Caustra		Country		8. This corporation owes the curren	t year Intangible	□No
Zip	Country .		30		Personal Property Tax.		
<u> </u>	9. Name and Address of Curr			<u> </u>	10. Name and Address of New Re	gistered rigon. iii	
	o. Hame and Heart	· · · · · · · · · · · · · · · · · · ·	81	Name		1	
MAHABIR, PRABHUDATH 1837 S. STATE RD 7 FT. LAUDERDALE FL 33317			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
			83			THE RESERVE	
			83			85 Zip	Code
	-		84	City			
							s registereu
	o the provisions of Sections 607. gistered agent, or both, in the Stan familiar with, and accept the ob	0502 and 607.1508, Florida Statute ate of Florida. Such change was at sligations of, Section 607.0505, Floring the state of the state o	es, the above uthorized by rida Statutes	e-named corp the corporati	poration submits this statement for the poor's board of directors. I hereby accept		
1. Pursuant to office or re agent. I an SIGNATURE	Slanature, typed or printed name of registered	agent and title if applicable. (NOTE	es, the above uthorized by rida Statutes. Registered Agent	e-named corp the corporati	ed when reinstating) ADDITIONS/CHANGES TO OFF		
11. Pursuant to office or re agent. I an SIGNATURE	Signature, typed or printed name of registered OFFICERS	_	13.	e-named corp the corporati		ICERS AND DIRECT	ORS IN 12
11. Pursuant to office or reagent. I an SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
11. Pursuant to office or reagent. I am SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS D MAHABIR, PRABHUDATH	agent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12 Addition
1. Pursuant to office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS	a agent and title if explicable. (NOTE: AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12 Addition
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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 all other like empowered.

SIGNATURE:

P. MAHABI

1/21/99 Date

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90064 027 ***150.00

Daytime Phone #