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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P93000082481 (1)

BHAVNA INT. INC.

Principal Place	of Business	Mailing Address				
48 W, NEW HAVEN AVE.		101 W. STRAWBRIDGE AVE				
APT. 8-8 MELBOURNE FL 32901		APT. B-8 MELBOURNE FL 32901			DO NOT WRITE IN THIS SPACE	
MCCOOOTING (C 0200)		US			3. Date Incorporated or Qualified	
		••			11/24/1993	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number Applied For	
ii 1615	VISTA LAKE CIRT	26 1615 VISTA	LAK	E CH	<b>59-3215903</b> Not Applicable	
Sulte, Apt. #		Suite, Apt. #, etc.			\$8.75 Additional	
2		27			5. Certificate of Status Desired Fee Required	
City & State	0 -110-15 01	City & State	• •	PL	6. Election Campaign Financing \$5.00 May Be	
3 M6		28 MELBOURT	7c	•	Trust Fund Contribution Added to Fees	
Zip	Country	Zip o a - t-	Count	<sup>y</sup> ~	8. This corporation owes or has paid the current year Intangible	
329	04   25   1/2	29 32904 30	_υ	٤.	Personal Property Tax due June 30.  Yes No	
	9. Name and Address of Current R	egistered Agent	-		10. Name and Address of New Registered Agent	
	eth, Bhavna J		8	1 Name		
48 W. NEW HAVEN AVE.			8	82 Street Address (P.O. Box Number is Not Acceptable)		
	r. <b>6-</b> 8		_		15 VISTA LAKE CIRCLE	
ME	BOURNE FL 32901		8	3	, ·	
			84	City .	4C CALL CALL C 85 Zip Code	
				``` <b>`</b> ``` <b>\</b>	MELBOURNE FL 85 ZIPCOOU 1	
11. Pursuant to	the provisions of Sections 607.0502 ar	nd 607.1508, Florida Statutes,	the abo	ve-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						
	Ignature, typed or printed name of registered agont as	d Med appacable (NOLL:Re	gistered A	gent signature	e required when reinstating) DATE	
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	L DELETE	1.1 TITLE		Change Addition	
NAME	<b>S</b> HETH, BHAVNA J		1.2 NAME		Luciona Aks CIRCLE	
STREET ADDRESS	46 W. NEW HAVEN AVE., #B-8		1.3 STHE	ET ADDRESS	1615 VISTA LAKÉ CIRCLE MELBOURNE FL 32904	
CITY-ST-ZIP	MELBOURNE FL 32901		1.4 CITY-	ST-ZIP	MELBOURNE FL 32904	
TITLE		☐ DELETE	2.1 TITLE	Į	Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY	- ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME	.		
STREET ADDRESS			3 3 STREE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	- \$1 - ZIP _	<u> </u>	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY	ST-2IP	<u> </u>	
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME	:		
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5 4 CITY-	ST-ZIP		
TITLE	j	DELETE	6.1 TillE		Change Addition	
NAME	41		6.2 NAM8	:		
STREET ADDRESS	•		6.3 STREE	1 ADDRESS		
CITY-ST-ZIP	.2*		6.4 CITY			
4 4 4 1	AND THE RESERVE AND ADDRESS OF THE CASE AND	10 10 1			1	

Thereby 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 eath; 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.

G 01.4

of lider

**FILED** 

Apr 23 1998 8:00am

Secretary of State