

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000086774 (5)**

1. Corporation Name
AUM SHREE, INC.

Principal Place of Business

**2884 FOREST EDGE DR.
DELTONA FL 32725**

Mailing Address

**2884 FOREST EDGE DR.
DELTONA FL 32725**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 E. Z. Way Food & Bev.	26 2884 Forest edge Dr		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 2401 E. Graves Ave. #2	27 DE		
City & State	City & State		
23 Orangecity FL 32763	28 Deltona FL 32725		
Zip	Zip		
24 32763	25 Volusia	29 32720	30 Volusia

3. Date Incorporated or Qualified 12/20/1993	
4. FEI Number 59-3214607	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHUKLA, ALKA V 2884 FOREST EDGE DR. DELTONA FL 32725		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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 **A. N. Shukla** **2-9-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUKLA, VINAY C	12 NAME	
STREET ADDRESS	2884 FOREST EDGE DR.	13 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL 32725	14 CITY - ST - ZIP	
TITLE	VSTD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUKLA, ALKA V	22 NAME	
STREET ADDRESS	2884 FOREST EDGE DR.	23 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL 32725	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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.

SIGNATURE **A. N. Shukla** **2-9-98**

CR2E034 (10/97)