

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000086774

1. Corporation Name
AUM SHREE, INC.

Principal Place of Business
EZ WAY FOOD & BEVERAGE
2401 E. GRAVES AVE., #2
ORANGE CITY FL 32763

Mailing Address
2884 FOREST EDGE DR.
DELTONA FL 32720

FILED
Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90041 001 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3214607	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SHUKLA, ALKA V 2884 FOREST EDGE DR. DELTONA FL 32725				10. Name and Address of New Registered Agent	
				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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	PD	NAME		SHUKLA, VINAY C		<input type="checkbox"/> DELETE	
STREET ADDRESS	2884 FOREST EDGE DR.			DELTONA FL 32725			
CITY-ST-ZIP	DELTONA FL 32725						
TITLE	VSTD	NAME		SHUKLA, ALKA V		<input type="checkbox"/> DELETE	
STREET ADDRESS	2884 FOREST EDGE DR.			DELTONA FL 32725			
CITY-ST-ZIP	DELTONA FL 32725						
TITLE		NAME				<input type="checkbox"/> DELETE	
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		NAME				<input type="checkbox"/> DELETE	
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		NAME				<input type="checkbox"/> DELETE	
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		NAME				<input type="checkbox"/> DELETE	
STREET ADDRESS							
CITY-ST-ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.4 CITY-ST-ZIP		2.1 TITLE		2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.4 CITY-ST-ZIP		5.1 TITLE		5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

4. 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: *Shukla* REQUIRED
1-25-99 7778-4033