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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <u>P940000000331</u> 1. Corporation Name: <u>Fincalc Publishing Corporation</u>		

Principal Place of Business <u>220 S.E. Migner Blvd</u> <u># 206</u> <u>Boca Raton FL 33432</u>	Mailing Address <u>P.O. Box 7197</u> <u>Boca Raton FL 33431</u>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>220 S.E. Migner Blvd</u> Suite, Apt. #, etc. 22 <u># 206</u> City & State 23 <u>Boca Raton FL</u> Zip 24 <u>33432</u> Country 25 <u>USA</u>		2a. Mailing Address 26 <u>P.O. Box 7197</u> Suite, Apt. #, etc. 27 City & State 28 <u>Boca Raton FL</u> Zip 29 <u>33431</u> Country 30 <u>USA</u>		3. Date Incorporated or Qualified <u>Dec 22, 1993</u> 4. FEI Number <u>65-0471566</u> 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent <u>Vinay Joshi</u> <u>220 S.E. Migner Blvd,</u> <u># 206</u> <u>Boca Raton FL 33432</u>		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	
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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 of President or Secretary or Treasurer or Director or Officer of the corporation) (Not a Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	<u>President</u> <u>Vinay Joshi</u> <u>220 S.E. Migner Blvd, # 206</u> <u>Boca Raton FL 33432</u>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	<u>Director</u> <u>Neelima Joshi</u> <u>220 S.E. Migner Blvd, # 206</u> <u>Boca Raton FL 33432</u>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 executor 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: Vinay Joshi VINAY JOSHI 4/20/98 (561)368-4914
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)