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 # P9400009743

1. Corporation Name

PREMAL ENTERPRISES, INC.

Principal	Prace	of	Business
Principal	race	Oi	Dusiness

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23 Zip 24

Mailing Address

12691 SEMINOLE BLVD. LARGO FL 04648

12691 SEMINOLE BLVD. **LARGO FL 34648**

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90050 011 ***150.00

	DO NOT WRI	TE IN TH	IS SPACE		
3.	Date Incorporated or Qualifed				
	01/31/1994				
4.	FEI Number			Applied For	•
	59-3228886			Not Applicable	٠
5.	Certificate of Status Desired		•	5 Additional e Required	
6.	Election Campaign Financing		\$5 .	00 May Be	

	28					Trust Fund Contribution	Add	ed to Fees
Country 25	Zip 29	Cour	ntry		8.	This corporation owes the current your Personal Property Tax.	ear Intangible	ON Ø
9. Name and Address of Cu	rrent Registered Agent				10	Name and Address of New Regis	tered Agent	
DESAI, RASHMI S 12691 SEMINOLE BLVD. LARGO FL 34648			81 82 83	Name Street Add	dress (1	P.O. Box Number is Not Acceptable)		
				0''			OF 7	Zio Codo

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 approintment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

ago.m a	The second secon			
SIGNATUFE	Signature, typed or printed na ne of registered agent and title if applicable. (NOT 2: I	Registered Agent signature req	√red when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	IS IN 12
TITLE	D DELETE	1.1 TITLE	☐ Change	Addition
NAME	DESAI, RASHMI S	1.2 NAME		
STREET ADDRESS	12691 SEMINOLE BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34648	1 4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME		22 NAME		(
STREET ADDRESS		2.3 STREET ADDRESS		i
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4 2 NAME		
STREET ADDRE 3S		4.3 STREET ADDRESS		
CITY-\$T-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TILE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	Addition
NAME		6.2 NAME		
STREET ADDRESS		6,3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14 Lhereby	certify that the information supplied with this filing does not qualify for	the exemption stated in	n Section 119.07 3)(i), Florida Statutes. I further certify that the in	of ormation

Indicated on this annual report or supplied with this liming does not quality for the exemption stated in section 19.07 37(f), Florida Statutes, Indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I im 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 attach nent with an address, with a 1 other like empowered.

SIGNATURE: