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

COF ANNU	PROFIT RPORATION JAL REPORT OUT OF STATE Secretary of State Division of Corporations							
1999						Cotton mile to the		
1. Corporation Name TRUSHA ENTERPRISES							•	
	IRC	DHM C	INICATA				· · · · · ·	7
				10	<u> </u>			•
Principal Prate	e of Business	Ma	ailing Address			\		
		711,1	18					
TITUSVILLE,						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
FLA · 32796							1 1	
2. Principal Place of Business 2a. Mailing Address 25						4. FEI Number 59-322744	/ App	plied For L'Applicable
Suite, Apt #, etc. Suite, Apt #, etc.						5. Certificate of Status Desired (1	\$8.75 ∧	id-htiorial
22 City & State City & State						6. Etection Compagn Emanuma	Fec Rec \$5,00 i	`
23	-1					Trust Fund Contribution	Added to	/
Zip Country Zip Country					This corporation owes the current year I Personal Property Tax		ا کہلا ا	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registere	-	
JAGRUTI. B. PATEL. 81 Name								
711, N. DIXIE AVE,					ess (P.O. Box Number is Not Acceptable)			
TITUS VILLE, 83								
		32796	•	84	City	F	85 Zip C	ode
11. Pursuant	to the provisions of Sect	ions 607,0502 and 60	07.1508, Florida Statutes.	the above	named corporate	oration submits this statement for the purpose of	► of changing its re-	registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as degistered agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed harrie	afi B. Roof registered agent and tille if	XTCA: Lapporatie (NOTE Re	system Agen	Segnal de Resputes			1
12. Title		FFICERS AND DIRE		13 . 11 litte		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR (Change	RS IN 12 [¡Abd bun
NAME	JAGRUT	1. 13. PA	781.15m	1.2 NA59		TAGRUTI - B. PATEL	4 N	12
STREET ADDRESS	271, LAK	e stigre	Proposition of the contraction o	13818(11	ADDRESS	MI, LAKE SHORE DR. MIT, FLA. 32953	Ctre	8 dieril
CITY-ST-Z:P TITLE	M^{M} , F	(4) = (3%)	「JDELETE	14 O(EY-S) 2 f Title	-76	11.1, 4.41, 3~1	[Onange	[]Additon
NAME				22 NAME				
STREET ADDRESS	<u> </u>			23 STREET				ļ
TITLE			[DELETE	2 4 City · S 3 1 Title	: - 21-1		(Cra j-	, 4Attiese
NAME				3.2 NAME		80000278	8608	(-;
STREET ADDRESS				33STREET 34 CITY-S		80000278 -02/26/99-	-01069	-011
TITLE			[DELETE	41 TULE		****150.0	日 [連維維]	Sp.Uu.
NAME &				4.2 NAME 4.3 STREET	ALMADERS			
STREET ADDRESS CITY-ST-ZIF				44 00 Y-S1				
TITLE			[] DELETE	5.1 THEE			[∃Chang€	[,Addir [
NAME STREET ADDRESS				5.2 NAMS 5.3 STREET	ADDRESS			!
CITY-ST-ZIP				54CTY-ST	-Z#			
TITLE			(DELETE	6 1 TITLE 6 2 NAME			[Chunge	(316A))
STREET ADDRESS				63 STREET	ADORESS			
CITY-ST-ZIP			. , , , , , , , , , , , , , , , , , , ,	64 CITY-ST	1	2.4.0.7.0	out to at the second	
14. I hereby o	certify that the information	n supplied with this fil	ing does not quality for th	e exempte	on stated in S	Section 119.07(3)(i) Florida Statutes I further of a shall have the same local offert as if made up	erery that the M	remater)

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 are 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

211-99

Dayters Pleasers