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 # P94000017717

1. Corporation Name

SHRIMAD INVESTMENT GROUP CORP.

Principal Place	e of Business	Mai	iling Address					1 19811381 119 18111 81811 42111 82111		*** ***********************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
75 EAST KINGS			ST OFFICE BOX 10									
CENTER HILL FL 33514 CENTER HILL FL 33514			ITER HILL FL 33514					DO NOT WRITE	IN THIS	SPACE		
							3	Date Incorporated or Qualifed				
							<u> </u>	02/28/1994				
2. Principal Place of Business			2a. Mailing Address					FEI Number		Ap	plied For	
21		26	·					59-3226347		No	t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				_		<u>. </u>	\$8.75 A		
22		27					5.	Certificate of Status Desired	ت ــــــــــــــــــــــــــــــــــــ	Fee Re	quired	-
City & Stat	e		City & State			İ	6.	Election Campaign Financing		\$5.00	, ,	
23		28						Trust Fund Contribution		Added to	p Fees	
Zip	Country	<u>_</u>	Zip	Cou	ntry	•	8.	This corporation owes the current	t year Inta			
24	25	29		30				Personal Property Tax.			□No	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	Regist	ered Agent		81	Name	10.	Name and Address of New Re	gistereu A	gent		
DΔT	EL. CHANDRAKANT S							•		•		
	AST KINGS ROAD				82	Street Address	ss (F	P.O. Box Number is Not Acceptable	e)			
CENTER HILL FL 33514					83			-				
CENTER THEE I E 33314				83							,	
					84	City			FL	85 Zip C	ode	
	to the provisions of Sections 607.0502	60	7.4500 51-11- 64-11-	45- 01		named sarrare	otio	o cubmits this statement for the n		hanging its	registered	
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 60 Florida	a. Such change was a	es, the ai	bove-	nameu corporation's	's bo	pard of directors. I hereby accept	the appoin	tment as rec	jistered —	-
agent. I a	m familiar with, and accept the obligation	ons of.	Section 607.0505, Flor	rida Statı	utes.				Inlaa	<i>)</i> .		
SIGNATURE	Signature, typed or proted name of registered agent a	2	applicable (NOTE:	Pagistarad	Anont s	signature required w	vhen i	einstating)	<i>DATE</i>			ي. ا
12.	OFFICERS AND			13.	riguit c	agratare required in		ADDITIONS/CHANGES TO OFFI	CERS ANI	D DIRECTO	RS IN 12	, ç
											Addition	7
	· · · · · · · · · · · · · · · · · · ·	Dirte	☐ DELETE	1.1 TI	πE					Change	- Addition	
TITLE .	DPTS .	<u> </u>		1.1 TI				• . •		Change		3
TITLE NAME	DPTS PATEL, CHANDRAKANT S.			1.2 NA	AME	ADDRESS				Change		r c c d
TITLE NAME STREET ADDRESS	DPTS PATEL, CHANDRAKANT S.			1.2 NA 1.3 ST	AME					Change	Addition	700000
TITLE NAME	DPTS PATEL, CHANDRAKANT S. 75 EAST KINGS ROAD			1.2 NA 1.3 ST	AME TY-ST-					☐ Change	Addition	CDOECOA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS PATEL, CHANDRAKANT S. 75 EAST KINGS ROAD		☐ DELETE	1.2 NA 1.3 ST 1.4 CF	AME TREET A TY-ST- TLE							Kenacan
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPTS PATEL, CHANDRAKANT S. 75 EAST KINGS ROAD CENTER HILL FL 33514		☐ DELETE	1.2 N/ 1.3 ST 1.4 CF 2.1 TF 2.2 N/	AME TY-ST-: TLE AME							KCOBCOO
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPTS PATEL, CHANDRAKANT S. 75 EAST KINGS ROAD CENTER HILL FL 33514		☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST	AME TY-ST-: TLE AME	ZIP				☐ Change	Addition	Kenacan
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPTS PATEL, CHANDRAKANT S. 75 EAST KINGS ROAD CENTER HILL FL 33514		☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST	AME TY-ST- TLE AME TREET A	ZIP						ACOECO.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS PATEL, CHANDRAKANT S. 75 EAST KINGS ROAD CENTER HILL FL 33514		☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST - 2.4 CF	AME TY-ST- TLE AME TREET A TTY-ST-	ZIP				☐ Change	Addition	CB2E034
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPTS PATEL, CHANDRAKANT S. 75 EAST KINGS ROAD CENTER HILL FL 33514		☐ DELETE	1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA	AME TY-ST- TLE AME TTY-ST- TLE AME TTY-ST- TLE	ZIP				☐ Change	Addition	Neodolo O
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPTS PATEL, CHANDRAKANT S. 75 EAST KINGS ROAD CENTER HILL FL 33514		☐ DELETE	1.2 NA 1.3 ST 1.4 CT 2.1 TTI 2.2 NA 2.3 ST - 2.4 CT 3.1 TT 3.2 NA 3.3 ST	AME TY-ST- TLE AME TTY-ST- TLE AME TTY-ST- TLE	ADDRESS - ZIP ADDRESS				☐ Change	Addition	Neonica O
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPTS PATEL, CHANDRAKANT S. 75 EAST KINGS ROAD CENTER HILL FL 33514		☐ DELETE	1.2 NA 1.3 ST 1.4 CT 2.1 TTI 2.2 NA 2.3 ST - 2.4 CT 3.1 TT 3.2 NA 3.3 ST	TY-ST-TLE THE TY-ST-TLE THE TY-ST-TLE THE TREET A	ADDRESS - ZIP ADDRESS				☐ Change	Addition	, CB2E034
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS PATEL, CHANDRAKANT S. 75 EAST KINGS ROAD CENTER HILL FL 33514		☐ DELETE	1.2 NA 1.3 ST 1.4 CT 2.1 TTI 2.2 NA 2.3 ST - 2.4 CT 3.1 TT 3.2 NA 3.3 ST 3.4 CT	AME TY-ST- TLE AME TY-ST- TLE AME TY-ST- TLE TREET A TTY-ST- TLE TREET A	ADDRESS - ZIP ADDRESS				☐ Change	Addition	20000
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	DPTS PATEL, CHANDRAKANT S. 75 EAST KINGS ROAD CENTER HILL FL 33514		☐ DELETE	1.2 NA 1.3 ST 1.4 CC 2.1 TTT 2.2 NA 2.3 ST - 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4.2 N	TLE TREET A TY-ST- TLE TREET A TTLE TREET A TTLE TREET A TTLE TREET A TTLE TLE TLE TLE TLE TLE	ADDRESS - ZIP ADDRESS				☐ Change	Addition	LEO ECOLO
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	DPTS PATEL, CHANDRAKANT S. 75 EAST KINGS ROAD CENTER HILL FL 33514		DELETE DELETE	1.2 NA 1.3 ST 1.4 CC 2.1 TTI 2.2 NA 2.3 ST - 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4.2 NA 4.3 ST	TLE TREET A TY-ST- TLE TREET A TTLE TREET A TTLE TREET A TTLE TREET A TTLE TLE TLE TLE TLE TLE	ADDRESS -ZIP ADDRESS -ZIP				☐ Change ☐ Change ☐ Change	Addition Addition	100000
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPTS PATEL, CHANDRAKANT S. 75 EAST KINGS ROAD CENTER HILL FL 33514		☐ DELETE	1.2 NA 1.3 ST 1.4 CT 2.1 TII 2.2 NA 2.3 ST - 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TIT	TY-ST-TLE AME TREET A ADDRESS -ZIP ADDRESS -ZIP				☐ Change	Addition	, COUCO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS PATEL, CHANDRAKANT S. 75 EAST KINGS ROAD CENTER HILL FL 33514		DELETE DELETE	1.2 NA 1.3 ST 1.4 CC 2.1 TIT 2.2 NA 2.3 ST - 2.4 CC 3.1 TIT 3.2 NA 4.1 TIT 4.2 NA 4.3 ST 4.4 CC 5.1 TIT 5.2 NA	TY-ST- TLE THE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP				☐ Change ☐ Change ☐ Change	Addition Addition	000000
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPTS PATEL, CHANDRAKANT S. 75 EAST KINGS ROAD CENTER HILL FL 33514		DELETE DELETE	1.2 NA 1.3 ST 1.4 CC 2.1 TIT 2.2 NA 2.3 ST - 2.4 CC 3.1 TIT 3.2 NA 4.1 TIT 4.2 NA 4.3 ST 4.4 CC 5.1 TIT 5.2 NA	TY-ST- TLE THE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE	ADDRESS -ZIP ADDRESS -ZIP				☐ Change ☐ Change ☐ Change	Addition Addition	10000000000000000000000000000000000000

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

CITY-ST-ZiP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Addition

May 04, 1999 8:00 am Secretary of State

05-04-1999 90031 048 ***150.00