FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUA	AL REPORT 996	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	a B. Mortha etary of State F CORPOR	е	INS				
DOCUM 1. Corporation I	1ENT # P94 0	000017993 (s inc.	(4)						
7 201111		• mo-							
Principal Place of 1600 INDUS FT. MYERS	TRIAL DR. B-9	Mailing Address 1600 INDUSTRIAL I FT. MYERS FL 339				E 1881/1881 (16 16/1) AIBH ABHN BBHU BBHU BBHU BBHU HBHU 2001A IBHU 46/10 14/1 4802			
						3. Date Incorporated or Qualified 03/02/1994	3a. Date	of Last Re 05/01/19	port 995
2. Principal Place	ce of Business	2a. Mailing Address		_		4. FEI Number 65-0543646			Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		.	May Be I to Fees
<i>Z</i> ip 24	Country 25	Zip 29	30 Co.	ıntry			. ∐ Y No		199.032,
	9. Name and Address of Cur	rent Registered Agent		Ι_,		10. Name and Address of New I	Registered .	Agent	
				81	Name				
	VARSHNEY, ASHOK KUMAR 6291 THOMAS ROAD				Street Add	Idress (P.O. Box Number is Not Acceptable)			
FT. MYERS FL 33912				83					
				84	City			85 Zı	Code
				1			FL		
or registere familiar with	o the provisions of Sections 607.0 ed agent, or both, in the State of F h, and accept the obligations of, S	502 and 607.1508, Florida Stati Iorida. Such change was author Jection 607.0505, Florida Statuti	utes, the ab- rized by the es.	corp	named corpo oration's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	ripose of cric pointment as	registered	agent. I am
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Rug stere	d Ager	nt signature requir	ed when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF			
TITLE	VADOUNEY MADUU	☐ DELETE		TITLE			Ļ	Change	☐ Addition
NAME	Varshney, madhu 11 d.s.i.d.c. sheds Jh	ILMIL IND EST		IAME					
STREET ADDRESS	DELHI - 95 INDIA	ICIMIC IND COT	- 1	13 STREET ADDRESS					
CITY-ST-ZIP	D	DELETE		1.4 CITY - S1 - ZIP 2. 1 TITLE				Change	Addition
TITLE NAME	GUNJAN, GUAR			NAME					_
STREET ADDRESS	R-78F. DIL SHAD GARDI	EN			I ADDRESS				
CITY-ST-ZIP	delhi - 95 india				ST - ZIP				
TITLE	D	DELETE		TITLE	1			Change	☐ Addition
NAME	VARSHNEY, VISHAL		32	NAME					
STREET ADDRESS	R-78F. DIL SHAD GARD	ŁN .	33	STREE	T ADDRESS				
C(1Y - ST - 7(P	DELHI - 95 INDIA		3.4	CHTY - S	ST-ZIP				
TIFLE	SVP VARCUNEY ACHOR KU	DELETE		TITLE				Change	☐ Addition
NAMÉ	VARSHNEY, ASHOK KU 6291 THOMAS ROAD	MAR		NAME					
STREET ADDRESS	FT. MYERS FL 33912				I ADDRESS				
CITY-ST-ZIP	FI. MIENO FL 33812	C1 DELETE			ST - ZIP			Change	☐ Addition
THILE		☐ DELETE		TITLE			1	c.iongc	
NAME				NAME	T ADDRESS				
STREET ADDRESS					SI-ZIP				
CITY-ST-ZIP TITLE		DELETE		TITLE				Change	☐ Addition
TATEL	I .				1				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

6 2 NAME

6.3 STREET ADDRESS

64 CHTY-ST-ZIP

SIGNATURE: X

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

04-10-96

Dayt me Phone #