FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 8:47

DOCUMENT # P94000023698 (1)

1. Corporation Name
EVERSHINE TWO, INC.

Principal Place of Business	Mailing Address
425 W COLONIAL DR #101 ORLANDO FL 32804	425 W COLONIAL DR #101 ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1405 HWY 17 S
22: Suite, Apt #, etc.
23: City & State: BARTOW FL
24: Zip: 33830
25: Country: USA

2a. Mailing Address
26: 1405 HWY 17 S
27: Suite, Apt #, etc.
28: City & State: BARTOW FL
29: Zip: 33830
30: Country: USA

4. FEI Number: 59-3235824 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RAJANI, KARMIM
425 W COLONIAL DR #101
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: _____ DATE: _____
(New Registered Agent signature must be typed or printed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOOMA, SALIM 425 W COLONIAL DR #101 ORLANDO FL 32804	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AKBERALI, ALNOOR 425 W COLONIAL DR #101 ORLANDO FL 32804	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☒ Change ☐ Addition SD AKBERALI, ALNOOR 530 S. LAKESHORE WEST LAKE ALFRED FL 33850
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JIWANI, JAFFER 425 W COLONIAL DR #101 ORLANDO FL 32804	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☒ Change ☐ Addition PD JIWANI, JAFFER 200 Avenue K South East # 338 WINTER HAVEN FL 33880
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAJANI, KARIM 425 W COLONIAL DR #101 ORLANDO FL 32804	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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)(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.

SIGNATURE: X _____ 03-05-95 X _____ 813-533-0734 X _____
SIGNATURE(S) & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0055306 CP